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**State:** District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
**Product Name:** BlueChoice - ON-EXCHANGE  
**Project Name/Number:** DC BC IND64- ACA ON-EXCHANGE /2022

## Filing at a Glance

Company: CareFirst BlueChoice, Inc.  
Product Name: BlueChoice - ON-EXCHANGE  
State: District of Columbia  
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)  
Sub-TOI: HOrg02I.005D Individual - HMO  
Filing Type: Rate  
Date Submitted: 05/01/2015  
SERFF Tr Num: CFAP-130059205  
SERFF Status: Assigned  
State Tr Num:  
State Status:  
Co Tr Num: 2022  
  
Implementation: 01/01/2016  
Date Requested:  
Author(s): Dwayne Lucado, Todd Switzer, Brad Boban, Katheryn Barron, Shane Kontir, Cory Bream, Britney Tyler, Michaela Berry  
Reviewer(s): John Morgan (primary), Damon Siler  
Disposition Date:  
Disposition Status:  
Implementation Date:  
  
State Filing Description:

**State:** District of Columbia  
**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO  
**Product Name:** BlueChoice - ON-EXCHANGE  
**Project Name/Number:** DC BC IND64- ACA ON-EXCHANGE /2022

**Filing Company:** CareFirst BlueChoice, Inc.

## General Information

Project Name: DC BC IND64- ACA ON-EXCHANGE

Project Number: 2022

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 6.5%

Deemer Date:

Submitted By: Brad Boban

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type: Individual

Filing Status Changed: 05/04/2015

State Status Changed:

Created By: Cory Bream

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions:

No

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by CareFirst BlueChoice, Inc. to Individuals Under 65 on the D.C. Exchange. We are submitting 9 benefit plans on the D.C. Exchange.

## Company and Contact

### Filing Contact Information

Brad Boban, Senior Actuarial Assistant  
10455 Mill Run Circle  
Owings Mills, MD 21117

brad.boban@carefirst.com  
410-998-6230 [Phone]  
410-998-7704 [FAX]

### Filing Company Information

CareFirst BlueChoice, Inc.  
840 First Street NE  
Washington, DC 20065  
(410) 581-3000 ext. [Phone]

CoCode: 96202  
Group Code:  
Group Name:  
FEIN Number: 52-1358219

State of Domicile: District of  
Columbia  
Company Type: Health  
Maintenance Organization  
State ID Number:

## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

<b>SERFF Tracking #:</b>	CFAP-130059205	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	2022
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.		
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
<b>Product Name:</b>	BlueChoice - ON-EXCHANGE				
<b>Project Name/Number:</b>	DC BC IND64- ACA ON-EXCHANGE /2022				

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	7.600%
<b>Effective Date of Last Rate Revision:</b>	01/01/2015
<b>Filing Method of Last Filing:</b>	SERFF

## Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
CareFirst BlueChoice, Inc.	Increase	6.500%	6.500%	\$1,702,301	7,898	\$26,203,738	18.900%	-13.300%

**State:** District of Columbia  
**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO  
**Product Name:** BlueChoice - ON-EXCHANGE  
**Project Name/Number:** DC BC IND64- ACA ON-EXCHANGE /2022

## Rate Review Detail

### COMPANY:

Company Name: CareFirst BlueChoice, Inc.  
 HHS Issuer Id: 86052

### PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BlueChoice	86052DC040		7898

Trend Factors:

### FORMS:

New Policy Forms: DC/CFBC/DB/INCENT (1/16), DC/CFBC/DOL APPEAL (R. 7/11), DC/CFBC/EXC/2016 AMEND (1/16), DC/CFBC/EXC/HB HMO/GOLD 1000 (1/16), DC/CFBC/EXC/HB HMO/NATAMER SOB (1/16), DC/CFBC/EXC/HB IN/IEA (1/14), DC/CFBC/EXC/HMO HSA/BRZ 6000 (1/16), DC/CFBC/EXC/HMO HSA/SIL 1350 (1/16), DC/CFBC/EXC/HMO HSA/SIL 1350 73 (1/16), DC/CFBC/EXC/HMO HSA/SIL 1350 87(1/16), DC/CFBC/EXC/HMO HSA/SIL 1350 94 (1/16), DC/CFBC/EXC/HMO STD/BRZ 4500 (1/16), DC/CFBC/EXC/HMO STD/GOLD 500 (1/16), DC/CFBC/EXC/HMO STD/NATAMER 0 (1/16), DC/CFBC/EXC/HMO STD/PLAT 0 (1/16), DC/CFBC/EXC/HMO STD/SIL 2000 (1/16), DC/CFBC/EXC/HMO STD/SIL 2000 73 (1/16), DC/CFBC/EXC/HMO STD/SIL 2000 87(1/16), DC/CFBC/EXC/HMO STD/SIL 2000 94 (1/16), DC/CFBC/EXC/HMO/BRZ 6850 (1/16), DC/CFBC/EXC/HMO/IEA (1/14), DC/CFBC/EXC/HMO/NATAMER SOB (1/16), DC/CFBC/EXC/HMO/YA SOB (1/16), DC/CFBC/EXC/NATAMER (1/14), DC/CFBC/MEM/BLCRD (1/12), DC/CFBC/PT PROTECT (9/10), DC/CFBC/SHOP/EXC/DOCS (1/14)

Affected Forms:

Other Affected Forms:

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
 Member Months: 84,666  
 Benefit Change: Increase  
 Percent Change Requested: Min: -13.3 Max: 18.9 Avg: 6.5

### PRIOR RATE:

Total Earned Premium: 26,203,738.00  
 Total Incurred Claims: 19,134,325.00  
 Annual \$: Min: 111.37 Max: 424.95 Avg: 282.90

### REQUESTED RATE:

Projected Earned Premium: 27,906,039.00  
 Projected Incurred Claims: 20,058,129.00  
 Annual \$: Min: 124.23 Max: 470.10 Avg: 301.28

<b>SERFF Tracking #:</b>	CFAP-130059205	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	2022
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.		
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
<b>Product Name:</b>	BlueChoice - ON-EXCHANGE				
<b>Project Name/Number:</b>	DC BC IND64- ACA ON-EXCHANGE /2022				

## Rate/Rule Schedule

**State:** District of Columbia  
**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO  
**Product Name:** BlueChoice - ON-EXCHANGE  
**Project Name/Number:** DC BC IND64- ACA ON-EXCHANGE /2022

**Filing Company:** CareFirst BlueChoice, Inc.

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2022_DC BlueChoice Exchange Filing	DC/CFBC/DB/INCENT (1/16), DC/CFBC/DOL APPEAL (R. 7/11), DC/CFBC/EXC/2016 AMEND (1/16), DC/CFBC/EXC/HB HMO/GOLD 1000 (1/16), DC/CFBC/EXC/HB HMO/NATAMER SOB (1/16), DC/CFBC/EXC/HB IN/IEA (1/14), DC/CFBC/EXC/HMO HSA/BRZ 6000 (1/16), DC/CFBC/EXC/HMO HSA/SIL 1350 (1/16), DC/CFBC/EXC/HMO HSA/SIL 1350 73 (1/16), DC/CFBC/EXC/HMO HSA/SIL 1350 87(1/16), DC/CFBC/EXC/HMO HSA/SIL 1350 94 (1/16), DC/CFBC/EXC/HMO STD/BRZ 4500 (1/16), DC/CFBC/EXC/HMO STD/GOLD 500 (1/16), DC/CFBC/EXC/HMO STD/NATAMER 0 (1/16), DC/CFBC/EXC/HMO STD/PLAT 0 (1/16), DC/CFBC/EXC/HMO STD/SIL 2000 (1/16), DC/CFBC/EXC/HMO STD/SIL 2000 73 (1/16), DC/CFBC/EXC/HMO STD/SIL 2000 87(1/16), DC/CFBC/EXC/HMO STD/SIL 2000 94 (1/16), DC/CFBC/EXC/HMO/BRZ 6850 (1/16), DC/CFBC/EXC/HMO/IEA (1/14), DC/CFBC/EXC/HMO/NATAME R SOB (1/16), DC/CFBC/EXC/HMO/YA SOB	Revised	Previous State Filing Number: CFAP-129554176 or 1968 Percent Rate Change Request: 6.5	2022_DC_BlueChoice - Exchange (Q1 2016) - Rate Filing - 5.1.15.pdf,

State:	District of Columbia	Filing Company:	CareFirst BlueChoice, Inc.
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	BlueChoice - ON-EXCHANGE		
Project Name/Number:	DC BC IND64- ACA ON-EXCHANGE /2022		

			(1/16), DC/CFBC/EXC/NATAMER (1/14), DC/CFBC/MEM/BLCRD (1/12), DC/CFBC/PT PROTECT (9/10), DC/CFBC/SHOP/EXC/DOCS (1/14)			
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**BlueChoice, Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 96202)**

**D.C. Individual Exchange Products  
Rates Effective 1/1/2016**

**Rates & Factors**



**BlueChoice, Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**D.C. Individual Exchange Products**  
**Rates & Factors**  
**Table of Contents**  
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BlueChoice HMO Bronze \$6,850	6
BlueChoice HMO HSA Bronze \$6,000	7
BlueChoice HMO Standard Bronze \$4,500	8
BlueChoice HMO HSA Silver \$1,350	9
BlueChoice HMO Standard Silver \$2000	10
BlueChoice HMO Standard Gold \$500	11
HealthyBlue HMO Gold \$1,000	12
BlueChoice HMO Standard Platinum \$0	13

**BlueChoice, Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**D.C. Individual Exchange Products**  
**Rates Effective 1/1/2016**  
**Form Numbers**

**Form Numbers Associated With This Filing:**

This list contains the applicable forms for the ACA products.

	<b>In-Network</b>
BlueChoice HMO Open Access	DC/CFBC/EXC/HMO/IEA (1/14) DC/CFBC/SHOP/EXC/DOCS (1/14) DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/DOL APPEAL (R. 7/11) DC/CFBC/MEM/BLCRD (1/12) DC/CFBC/PT PROTECT (9/10) DC/CFBC/EXC/2016 AMEND (1/16) DC/CFBC/DB/INCENT (1/16) DC/CFBC/EXC/HMO/BRZ 6850 (1/16) DC/CFBC/EXC/HMO HSA/BRZ 6000 (1/16) DC/CFBC/EXC/HMO HSA/SIL 1350 (1/16) DC/CFBC/EXC/HMO HSA/SIL 1350 73 (1/16) DC/CFBC/EXC/HMO HSA/SIL 1350 87(1/16) DC/CFBC/EXC/HMO HSA/SIL 1350 94 (1/16) DC/CFBC/EXC/HMO/NATAMER SOB (1/16) DC/CFBC/EXC/HMO/YA SOB (1/16)
BlueChoice HMO Standard Plans	DC/CFBC/EXC/HMO/IEA (1/14) DC/CFBC/SHOP/EXC/DOCS (1/14) DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/DOL APPEAL (R. 7/11) DC/CFBC/MEM/BLCRD (1/12) DC/CFBC/PT PROTECT (9/10) DC/CFBC/EXC/2016 AMEND (1/16) DC/CFBC/DB/INCENT (1/16) DC/CFBC/EXC/HMO STD/GOLD 500 (1/16) DC/CFBC/EXC/HMO STD/BRZ 4500 (1/16) DC/CFBC/EXC/HMO STD/SIL 2000 (1/16) DC/CFBC/EXC/HMO STD/SIL 2000 73 (1/16) DC/CFBC/EXC/HMO STD/SIL 2000 87(1/16) DC/CFBC/EXC/HMO STD/SIL 2000 94 (1/16) DC/CFBC/EXC/HMO STD/PLAT 0 (1/16) DC/CFBC/EXC/HMO STD/NATAMER 0 (1/16)
HealthyBlue HMO	DC/CFBC/EXC/HB IN/IEA (1/14) DC/CFBC/SHOP/EXC/DOCS (1/14) DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/DOL APPEAL (R. 7/11) DC/CFBC/MEM/BLCRD (1/12) DC/CFBC/PT PROTECT (9/10) DC/CFBC/EXC/2016 AMEND (1/16) DC/CFBC/DB/INCENT (1/16) DC/CFBC/EXC/HB HMO/GOLD 1000 (1/16) DC/CFBC/EXC/HB HMO/NATAMER SOB (1/16)

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**

**Age Factors**

<b>Age</b>	<b>Factor</b>
0-20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

# CareFirst BlueChoice, Inc. (NAIC No. 96202)

Individual On Exchange  
**DISTRICT OF COLUMBIA**  
**BlueChoice HMO Young Adult \$6,850**  
Proposed Monthly Premium Rates Effective 1/1/2016

Base Rate      **\$      124.23**

Age	Monthly Premium
0-20	\$81.25
21	\$90.32
22	\$90.32
23	\$90.32
24	\$90.32
25	\$90.32
26	\$90.32
27	\$90.32
28	\$92.43
29	\$94.41
30	\$96.78
31	\$99.26
32	\$101.50
33	\$103.86
34	\$106.34
35	\$108.83
36	\$111.31
37	\$113.79
38	\$115.16
39	\$116.53
40	\$121.12
41	\$125.84
42	\$130.81
43	\$135.91
44	\$141.25
45	\$146.72
46	\$152.43
47	\$158.39
48	\$164.60
49	\$171.06
50	\$177.77
51	\$184.73
52	\$191.94
53	\$199.39
54	\$207.22
55	\$215.29
56	\$223.74
57	\$232.43
58	\$241.50
59	\$250.94
60	\$260.76
61	\$270.95
62	\$270.95
63	\$270.95
64+	\$270.95

## Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$6,850	None
COINSURANCE	0%	
OUT-OF-POCKET MAXIMUM	\$6,850	
Office Copays	\$0 PCP /\$0 Specialist	
Drug:	0% Generic, 0% Preferred Brand	
	0% Non-Preferred Brand Coinsurance	
Drug and Medical Combined for Ded & OOP Max		

# CareFirst BlueChoice, Inc. (NAIC No. 96202)

Individual On Exchange  
**DISTRICT OF COLUMBIA**  
**BlueChoice HMO Bronze \$6,850**  
Proposed Monthly Premium Rates Effective 1/1/2016

Base Rate      **\$      164.98**

Age	Monthly Premium
0-20	\$107.90
21	\$119.94
22	\$119.94
23	\$119.94
24	\$119.94
25	\$119.94
26	\$119.94
27	\$119.94
28	\$122.75
29	\$125.38
30	\$128.52
31	\$131.82
32	\$134.79
33	\$137.92
34	\$141.22
35	\$144.52
36	\$147.82
37	\$151.12
38	\$152.94
39	\$154.75
40	\$160.86
41	\$167.12
42	\$173.72
43	\$180.49
44	\$187.58
45	\$194.84
46	\$202.43
47	\$210.35
48	\$218.60
49	\$227.18
50	\$236.09
51	\$245.33
52	\$254.89
53	\$264.79
54	\$275.19
55	\$285.91
56	\$297.13
57	\$308.68
58	\$320.72
59	\$333.26
60	\$346.29
61	\$359.82
62	\$359.82
63	\$359.82
64+	\$359.82

## Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$6,850	None
COINSURANCE	0%	
OUT-OF-POCKET MAXIMUM	\$6,850	
Office Copays	\$0 PCP /\$0 Specialist	
Drug:	0% Generic, 0% Preferred Brand	
	0% Non-Preferred Brand Coinsurance	
Drug and Medical Combined for Ded & OOP Max		

# CareFirst BlueChoice, Inc. (NAIC No. 96202)

Individual On Exchange  
**DISTRICT OF COLUMBIA**  
**BlueChoice HMO HSA Bronze \$6,000**  
Proposed Monthly Premium Rates Effective 1/1/2016

Base Rate      **\$      161.70**

Age	Monthly Premium
0-20	\$105.75
21	\$117.56
22	\$117.56
23	\$117.56
24	\$117.56
25	\$117.56
26	\$117.56
27	\$117.56
28	\$120.30
29	\$122.89
30	\$125.96
31	\$129.20
32	\$132.11
33	\$135.18
34	\$138.42
35	\$141.65
36	\$144.88
37	\$148.12
38	\$149.90
39	\$151.67
40	\$157.66
41	\$163.80
42	\$170.27
43	\$176.90
44	\$183.85
45	\$190.97
46	\$198.41
47	\$206.17
48	\$214.25
49	\$222.66
50	\$231.39
51	\$240.45
52	\$249.83
53	\$259.53
54	\$269.72
55	\$280.23
56	\$291.22
57	\$302.54
58	\$314.34
59	\$326.63
60	\$339.41
61	\$352.67
62	\$352.67
63	\$352.67
64+	\$352.67

## Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$6,000	None
COINSURANCE	0%	
OUT-OF-POCKET MAXIMUM	\$6,000	
Office Copays	\$0 PCP /\$0 Specialist	
Drug:	0% Generic, 0% Preferred Brand	
	0% Non-Preferred Brand Coinsurance	
Drug and Medical Combined for Ded & OOP Max		

# CareFirst BlueChoice, Inc. (NAIC No. 96202)

Individual On Exchange

DISTRICT OF COLUMBIA

BlueChoice HMO Standard Bronze \$4,500

Proposed Monthly Premium Rates Effective 1/1/2016

Base Rate      \$      **225.08**

Age	Monthly Premium
0-20	\$147.20
21	\$163.63
22	\$163.63
23	\$163.63
24	\$163.63
25	\$163.63
26	\$163.63
27	\$163.63
28	\$167.46
29	\$171.06
30	\$175.34
31	\$179.84
32	\$183.89
33	\$188.17
34	\$192.67
35	\$197.17
36	\$201.67
37	\$206.17
38	\$208.65
39	\$211.13
40	\$219.45
41	\$228.01
42	\$237.01
43	\$246.24
44	\$255.92
45	\$265.82
46	\$276.17
47	\$286.98
48	\$298.23
49	\$309.94
50	\$322.09
51	\$334.69
52	\$347.75
53	\$361.25
54	\$375.43
55	\$390.06
56	\$405.37
57	\$421.12
58	\$437.56
59	\$454.66
60	\$472.44
61	\$490.90
62	\$490.90
63	\$490.90
64+	\$490.90

## Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$4,500	\$9,000
COINSURANCE	20%	40%
OUT-OF-POCKET MAXIMUM	\$6,850	\$13,700
Office Copays	\$50 PCP /\$50 Specialist	
Drug:	\$25 Generic, 50% Preferred Brand	
	50% Non-Preferred Brand Coinsurance	
Drug and Medical Combined for OOP Max		

# CareFirst BlueChoice, Inc. (NAIC No. 96202)

Individual On Exchange  
**DISTRICT OF COLUMBIA**  
**BlueChoice HMO HSA Silver \$1,350**  
Proposed Monthly Premium Rates Effective 1/1/2016

Base Rate      **\$      250.50**

Age	Monthly Premium
0-20	\$163.83
21	\$182.11
22	\$182.11
23	\$182.11
24	\$182.11
25	\$182.11
26	\$182.11
27	\$182.11
28	\$186.37
29	\$190.38
30	\$195.14
31	\$200.15
32	\$204.66
33	\$209.42
34	\$214.43
35	\$219.44
36	\$224.45
37	\$229.46
38	\$232.21
39	\$234.97
40	\$244.24
41	\$253.76
42	\$263.78
43	\$274.05
44	\$284.82
45	\$295.84
46	\$307.36
47	\$319.39
48	\$331.91
49	\$344.94
50	\$358.47
51	\$372.49
52	\$387.02
53	\$402.05
54	\$417.83
55	\$434.12
56	\$451.15
57	\$468.69
58	\$486.97
59	\$506.01
60	\$525.80
61	\$546.34
62	\$546.34
63	\$546.34
64+	\$546.34

## Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$1,350	None
COINSURANCE	0%	
OUT-OF-POCKET MAXIMUM	\$6,550	
Office Copays	\$30 PCP /\$40 Specialist	
Drug:	\$10 Generic, \$75 Preferred Brand	
	\$150 Non-Preferred Brand Coinsurance	
Drug and Medical Combined for Ded & OOP Max		



**CareFirst BlueChoice, Inc. (NAIC No. 96202)**

Individual On Exchange

**DISTRICT OF COLUMBIA****BlueChoice HMO Standard Silver \$2000**

Proposed Monthly Premium Rates Effective 1/1/2016

Base Rate     **\$       301.12**

Age	Monthly Premium
0-20	\$196.93
21	\$218.91
22	\$218.91
23	\$218.91
24	\$218.91
25	\$218.91
26	\$218.91
27	\$218.91
28	\$224.03
29	\$228.85
30	\$234.57
31	\$240.59
32	\$246.02
33	\$251.74
34	\$257.76
35	\$263.78
36	\$269.80
37	\$275.83
38	\$279.14
39	\$282.45
40	\$293.59
41	\$305.03
42	\$317.08
43	\$329.43
44	\$342.37
45	\$355.62
46	\$369.47
47	\$383.93
48	\$398.98
49	\$414.64
50	\$430.90
51	\$447.77
52	\$465.23
53	\$483.30
54	\$502.27
55	\$521.84
56	\$542.32
57	\$563.40
58	\$585.38
59	\$608.26
60	\$632.05
61	\$656.74
62	\$656.74
63	\$656.74
64+	\$656.74

## Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$2,000	\$1,000
COINSURANCE	20%	40%
OUT-OF-POCKET MAXIMUM	\$6,250	\$12,500
Office Copays	\$25 PCP /\$50 Specialist	
Drug:	\$15 Generic, \$50 Preferred Brand	
	\$70 Non-Preferred Brand Coinsurance	
Drug and Medical Combined for OOP Max		

# CareFirst BlueChoice, Inc. (NAIC No. 96202)

Individual On Exchange  
**DISTRICT OF COLUMBIA**  
**BlueChoice HMO Standard Gold \$500**  
Proposed Monthly Premium Rates Effective 1/1/2016

Base Rate      **\$      387.28**

Age	Monthly Premium
0-20	\$253.28
21	\$281.55
22	\$281.55
23	\$281.55
24	\$281.55
25	\$281.55
26	\$281.55
27	\$281.55
28	\$288.14
29	\$294.33
30	\$301.69
31	\$309.44
32	\$316.41
33	\$323.77
34	\$331.51
35	\$339.26
36	\$347.00
37	\$354.75
38	\$359.01
39	\$363.27
40	\$377.60
41	\$392.31
42	\$407.81
43	\$423.68
44	\$440.34
45	\$457.38
46	\$475.19
47	\$493.78
48	\$513.15
49	\$533.28
50	\$554.20
51	\$575.89
52	\$598.35
53	\$621.58
54	\$645.98
55	\$671.16
56	\$697.49
57	\$724.60
58	\$752.87
59	\$782.31
60	\$812.90
61	\$844.66
62	\$844.66
63	\$844.66
64+	\$844.66

## Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$500	\$1,000
COINSURANCE	20%	40%
OUT-OF-POCKET MAXIMUM	\$3,500	\$7,000
Office Copays	\$25 PCP /\$50 Specialist	
Drug:	\$15 Generic, \$50 Preferred Brand	
	\$70 Non-Preferred Brand Coinsurance	
Drug and Medical Combined for OOP Max		

# CareFirst BlueChoice, Inc. (NAIC No. 96202)

Individual On Exchange  
DISTRICT OF COLUMBIA  
HealthyBlue HMO Gold \$1,000

Proposed Monthly Premium Rates Effective 1/1/2016

Base Rate      \$      **373.49**

Age	Monthly Premium
0-20	\$244.26
21	\$271.53
22	\$271.53
23	\$271.53
24	\$271.53
25	\$271.53
26	\$271.53
27	\$271.53
28	\$277.88
29	\$283.85
30	\$290.95
31	\$298.42
32	\$305.14
33	\$312.24
34	\$319.71
35	\$327.18
36	\$334.65
37	\$342.12
38	\$346.23
39	\$350.33
40	\$364.15
41	\$378.35
42	\$393.28
43	\$408.60
44	\$424.66
45	\$441.09
46	\$458.27
47	\$476.20
48	\$494.87
49	\$514.30
50	\$534.46
51	\$555.38
52	\$577.04
53	\$599.45
54	\$622.98
55	\$647.26
56	\$672.66
57	\$698.80
58	\$726.06
59	\$754.45
60	\$783.96
61	\$814.58
62	\$814.58
63	\$814.58
64+	\$814.58

## Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$1,000	\$2,000
COINSURANCE	0%	0%
OUT-OF-POCKET MAXIMUM	\$4,500	\$9,000
Office Copays	\$0 PCP /\$30 Specialist	
Drug Deductible	\$150	
Drug:	\$0 Generic, \$50 Preferred Brand	
	\$70 Non-Preferred Brand Copay	
Drug and Medical Combined for OOP Max		

**CareFirst BlueChoice, Inc. (NAIC No. 96202)**

Individual On Exchange

**DISTRICT OF COLUMBIA****BlueChoice HMO Standard Platinum \$0**

Proposed Monthly Premium Rates Effective 1/1/2016

Base Rate      **\$      470.10**

Age	Monthly Premium
0-20	\$307.45
21	\$341.76
22	\$341.76
23	\$341.76
24	\$341.76
25	\$341.76
26	\$341.76
27	\$341.76
28	\$349.75
29	\$357.28
30	\$366.21
31	\$375.61
32	\$384.07
33	\$393.00
34	\$402.41
35	\$411.81
36	\$421.21
37	\$430.61
38	\$435.78
39	\$440.95
40	\$458.35
41	\$476.21
42	\$495.02
43	\$514.29
44	\$534.50
45	\$555.19
46	\$576.81
47	\$599.38
48	\$622.88
49	\$647.33
50	\$672.71
51	\$699.04
52	\$726.30
53	\$754.51
54	\$784.13
55	\$814.68
56	\$846.65
57	\$879.56
58	\$913.87
59	\$949.60
60	\$986.74
61	\$1,025.29
62	\$1,025.29
63	\$1,025.29
64+	\$1,025.29

**Summary of Member Cost-Shares**

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$0	\$1,000
COINSURANCE	10%	30%
OUT-OF-POCKET MAXIMUM	\$2,000	\$4,000
Office Copays	\$20 PCP /\$40 Specialist	
Drug Deductible	\$0	
Drug:	\$5 Generic, \$15 Preferred Brand	
	\$25 Non-Preferred Brand Coinsurance	
Drug and Medical Combined for OOP Max		

State:	District of Columbia	Filing Company:	CareFirst BlueChoice, Inc.
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	BlueChoice - ON-EXCHANGE		
Project Name/Number:	DC BC IND64- ACA ON-EXCHANGE /2022		

## Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	This information can be found in the Actuarial Memorandum.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2022_DC_BlueChoice - Exchange (Q1 2016) - Actuarial Value Calculations.pdf 2015 ACA_Actl Memo_CD_DC_BC - 5.1.15.pdf 2022_DC_BlueChoice - Exchange (Q1 2016) - Actuarial Memorandum - 5.1.15.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2022_DC_BlueChoice - Exchange (Q1 2016) - Actuarial Value Calculations.pdf 2015 ACA_Actl Memo_CD_DC_BC - 5.1.15.pdf 2022_DC_BlueChoice - Exchange (Q1 2016) - Actuarial Memorandum - 5.1.15.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	This filing is being made by the insurer.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	As noted, we are bypassing this Requirement.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter All Filings
Comments:	Please see the Actuarial Memorandum for these items.

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.
<b>TOI/Sub-TOI:</b>	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
<b>Product Name:</b>	BlueChoice - ON-EXCHANGE		
<b>Project Name/Number:</b>	DC BC IND64- ACA ON-EXCHANGE /2022		

<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	DISB Actuarial Memorandum Dataset
<b>Bypass Reason:</b>	See below
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	n/a
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Bypass Reason:</b>	n/a
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	2022_DC_HMO - URRT - SERFF - 5.1.15.pdf 2022_DC_HMO - URRT - SERFF - 5.1.15.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	2016 DISB Actuarial Memorandum Dataset
<b>Comments:</b>	
<b>Attachment(s):</b>	2022 - DISB Actuarial Memo Dataset - BC - 5.1.15.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	District of Columbia Plain Language Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	Part_II_DC-CD-BC-2022-5-1-15.pdf

<b>SERFF Tracking #:</b>	CFAP-130059205	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	2022
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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
<b>Product Name:</b>	BlueChoice - ON-EXCHANGE		
<b>Project Name/Number:</b>	DC BC IND64- ACA ON-EXCHANGE /2022		

<b>Item Status:</b>	
<b>Status Date:</b>	

<b>SERFF Tracking #:</b>	CFAP-130059205	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	2022
<hr/>					
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.		
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
<b>Product Name:</b>	BlueChoice - ON-EXCHANGE				
<b>Project Name/Number:</b>	DC BC IND64- ACA ON-EXCHANGE /2022				

***Attachment 2022\_DC\_HMO - URRT - SERFF - 5.1.15.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment 2022 - DISB Actuarial Memo Dataset - BC - 5.1.15.xlsx is not a PDF document and cannot be reproduced here.***



**BlueChoice, Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**

**D.C. Individual Exchange Products**  
**Rates Effective 1/1/2016**

**Actuarial Value Calculations**

**BlueChoice, Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**D.C. Individual Exchange Products**  
**Actuarial Value Calculations**  
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# User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
			Combined
Deductible (\$)	\$50.00	\$50.00	\$6,850.00
Coinurance (% , Insurer's Cost Share)	70.00%	70.00%	100.00%
OOP Maximum (\$)	\$2,250.00		\$6,850.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input checked="" type="checkbox"/>
# Copays (1-10):	3

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.60%

Bronze

# User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
			Combined
Deductible (\$)	\$1,400.00	\$150.00	\$6,850.00
Coinurance (% , Insurer's Cost Share)	100.00%	100.00%	100.00%
OOP Maximum (\$)	\$6,850.00		\$6,850.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

59.02%

Bronze

# User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
☐ Desired Metal Tier

Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			
			Combined
Deductible (\$)	\$1,400.00	\$150.00	\$6,000.00
Coinurance (% , Insurer's Cost Share)	100.00%	100.00%	100.00%
OOP Maximum (\$)	\$6,850.00		\$6,000.00
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.75%

Bronze

# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☐
- Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
			Combined
Deductible (\$)	\$1,000.00	\$150.00	\$1,350.00
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	100.00%
OOP Maximum (\$)	\$4,500.00		\$6,550.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$150.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,500.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$130.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$130.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	89%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	89%			
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%			
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$165.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.76%

Silver

# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☐
- Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
			Combined
Deductible (\$)	\$1,000.00	\$150.00	\$1,350.00
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	100.00%
OOP Maximum (\$)	\$4,500.00		\$6,550.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$150.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,500.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	84%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	84%			
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%			
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$165.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.85%

Silver

# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☒

Desired Metal Tier Platinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,250.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design	
	Medical	Drug

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	97%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	97%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

92.66%



# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☒

Desired Metal Tier Platinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,250.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design	
	Medical	Drug

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	97%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

96.18%

# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☒
- Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,250.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design	
	Medical	Drug

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>				
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

85.41%

# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☒
- Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,250.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design	
	Medical	Drug

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

89.36%

# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☐  
 Use Separate OOP Maximum for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR Standard? ☒  
 Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80% 2nd Tier Utilization: 20%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,000.00
Coinurance (% Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$5,450.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>				
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$130.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	89%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.

72.48%

Silver

# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☒

Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,000.00
Coinsurance (%; Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$5,450.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>				
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	84%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

75.80%

## User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input type="checkbox"/>	<div>HSA/HRA</div> <div>Annual Deductible</div>
Apply Inpatient Copay per Day?	<input type="checkbox"/>	
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>	
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>	
Desired Metal Tier	Bronze	

	Tier 1 Plan Parameters	
Deductible (\$)	\$4,500.00	\$2,500.00
Coinsurance (% , Insurer's Cost Share)	80.00%	50.00%
OOP Maximum (\$)	\$6,850.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	Subject to Deductible?	Subject to Coinsurance?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	

Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of <input type="checkbox"/>
Copays?
# Copays (1-10):

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.36%
Metal Tier:	Bronze
	Calculation Successful.
	61.36%
	Bronze







	Tier 1	Tier 2
Copay, if separate	Copay applies only after deductible?	
	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/> All	<input type="checkbox"/> All
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>



## User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input type="checkbox"/>	<div>HSA/HRA</div> <div>Annual Deductible</div>
Apply Inpatient Copay per Day?	<input checked="" type="checkbox"/>	
Apply Skilled Nursing Facility Copay per Day?	<input checked="" type="checkbox"/>	
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>	
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>	
Desired Metal Tier	Gold	

	Tier 1 Plan Parameters	
Deductible (\$)	\$500.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$3,500.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	Subject to Deductible?	Subject to Coinsurance?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/>
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5

Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of <input type="checkbox"/>
Copays?
# Copays (1-10):

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	80.25%
Metal Tier:	Gold

Calculation Successful.  
80.25%  
Gold

HSA/HRA Options	Narrow Network Options
HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80% 2nd Tier Utilization: 20%

Benefit Design	
	Combined
0.00	
0.00%	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1			Tier 2			
Subject to Insurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		









## User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input type="checkbox"/>	<div>HSA/HRA</div> <div>Annual Deductible</div>
Apply Inpatient Copay per Day?	<input checked="" type="checkbox"/>	
Apply Skilled Nursing Facility Copay per Day?	<input checked="" type="checkbox"/>	
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>	
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>	
Desired Metal Tier	Silver	

Tier 1 Plan		
	Medical	Pharmacy
Deductible (\$)	\$2,000.00	\$2,000.00
Coinsurance (% , Insurer's Cost Share)	80.00%	80.00%
OOP Maximum (\$)	\$6,250.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	Subject to Deductible?	Subject to Coinsurance?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	

Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of <input type="checkbox"/>
Copays?
# Copays (1-10):

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.38%
Metal Tier:	Silver

Calculation Successful.
70.38%
Silver

HSA/HRA Options	Narrow Network Options
HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80% 2nd Tier Utilization: 20%

Benefit Design	
	Combined
\$250.00	
0.00%	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1			Tier 2			
Subject to Deductible?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		



	Tier 1	Tier 2
Copay, if separate	Copay applies only after deductible?	
	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/> All	<input type="checkbox"/> All
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>



## User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input type="checkbox"/>	<div>HSA/HRA Emp</div> <div>Annual Cont</div>
Apply Inpatient Copay per Day?	<input type="checkbox"/>	
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>	
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>	
Desired Metal Tier	Platinum <input type="button" value="v"/>	

Tier 1 Plan Benefit		
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	95.00%	100.00%
OOP Maximum (\$)	\$2,250.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	Subject to Deductible?	Subject to Coinsurance?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	



Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of <input type="checkbox"/>
Copays?
# Copays (1-10):

**Output**

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL)

93.93%

Platinum

CSR Level of 94% (100-150% FPL),

93.93%

Platinum

HSA/HRA Options	Narrow Network Options
Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

Design	Tier 2 Plan Benefit Design		
<input type="checkbox"/> Combined	Medical	Drug	Combined
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tier 1			Tier 2			
?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<input type="checkbox"/>			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		90%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

.), Calculation Successful.

Med Ded	\$0.00
Rx Ded	\$0.00
OOP Max	\$2,250.00

Tier 1	Tier 2
Copay applies only after deductible?	
<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> All	<input type="checkbox"/> All
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Enter OP  
Copays  
\$ -  
\$ -



## User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input type="checkbox"/>	<div>HSA/HRA Emp</div> <div>Annual Cont</div>
Apply Inpatient Copay per Day?	<input type="checkbox"/>	
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>	
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>	
Desired Metal Tier	Gold <input type="button" value="v"/>	

Tier 1 Plan Benefit		
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	80.00%	100.00%
OOP Maximum (\$)	\$2,250.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	Subject to Deductible?	Subject to Coinsurance?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	

Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of <input type="checkbox"/>
Copays?
# Copays (1-10):

**Output**

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 87% (150-200% FPL)

86.92%

Gold

CSR Level of 87% (150-200% FPL),

86.92%

Gold

HSA/HRA Options	Narrow Network Options
Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

Design
Combined

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1			Tier 2				
	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	
			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			
		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			
		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			
		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		80%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			



.), Calculation Successful.

Med Ded	\$0.00
Rx Ded	\$0.00
OOP Max	\$2,250.00

Tier 1	Tier 2
Copay applies only after deductible?	
<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> All	<input type="checkbox"/> All
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Enter OP  
Copays  
\$ -  
\$ -



## User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input type="checkbox"/>	<div>HSA/HRA Emp</div> <div>Annual Cont</div>
Apply Inpatient Copay per Day?	<input type="checkbox"/>	
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>	
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>	
Desired Metal Tier	Silver ▼	

Tier 1 Plan Benefit		
Deductible (\$)	\$1,250.00	\$250.00
Coinsurance (% , Insurer's Cost Share)	80.00%	100.00%
OOP Maximum (\$)	\$5,450.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	Subject to Deductible?	Subject to Coinsurance?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	

Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of <input type="checkbox"/>
Copays?
# Copays (1-10):

**Output**

Calculate

Status/Error Messages:	CSR Level of 73% (200-250% FPL)
Actuarial Value:	73.03%
Metal Tier:	Silver
	CSR Level of 73% (200-250% FPL),
	73.03%
	Silver

HSA/HRA Options	Narrow Network Options
Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

Design
Combined

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1			Tier 2			
?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		80%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

.), Calculation Successful.

Med Ded	\$1,250.00
Rx Ded	\$250.00
OOP Max	\$5,450.00

Tier 1	Tier 2
Copay applies only after deductible?	
<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> All	<input type="checkbox"/> All
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Enter OP  
Copays  
\$ -  
\$ -





# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☐
- Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
			Combined
Deductible (\$)	\$1,000.00	\$150.00	\$0.00
Coinurance (% Insurer's Cost Share)	100.00%	100.00%	100.00%
OOP Maximum (\$)	\$4,500.00		\$4,000.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$150.00	
Coinurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,500.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	91%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	91%			
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%			
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.

77.07%

# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☐
- Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
			Combined
Deductible (\$)	\$1,000.00	\$150.00	\$0.00
Coinurance (% Insurer's Cost Share)	100.00%	100.00%	100.00%
OOP Maximum (\$)	\$4,500.00		\$4,000.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$150.00	
Coinurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,500.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	84%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	84%			
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	85%			
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

80.27%

Gold

## User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input type="checkbox"/>	<div>HSA/HRA</div> <div>Annual Deductible</div>
Apply Inpatient Copay per Day?	<input checked="" type="checkbox"/>	
Apply Skilled Nursing Facility Copay per Day?	<input checked="" type="checkbox"/>	
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>	
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>	
Desired Metal Tier	Platinum <input type="button" value="v"/>	

Tier 1 Plan Parameters		
	Medical	Pharmacy
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$2,000.00	
OOP Maximum if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Subject to Deductible?	Subject to Coinsurance?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/>
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5

Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of	<input type="checkbox"/>
Copays?	
# Copays (1-10):	

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	90.48%
Metal Tier:	Platinum

Calculation Successful.  
90.48%  
Platinum

HSA/HRA Options	Narrow Network Options
RA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
ual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

Benefit Design	
	Combined
0.00	
0.00%	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1			Tier 2			
Subject to Insurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		



	Tier 1	Tier 2
Copay, if separate	Copay applies only after deductible?	
	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/> All	<input type="checkbox"/> All
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Enter OP  
Copays  
\$ 250





**CAREFIRST BLUECROSS BLUESHIELD**  
**PART III ACTUARIAL MEMORANDUM (AM)**

**1. REDACTED (AM):** CareFirst (CF) is making no redactions so both actuarial memoranda (AM) are the same.

**2. GENERAL INFORMATION:**

- A. **Company Legal Name:** BlueChoice, Inc. (NAIC # 96202) (CFBC)
- B. **State:** District of Columbia
- C. **HIOS Issuer ID:** 86052
- D. **Market:** Individual, Non-Medigap (INM) – On Exchange
- E. **Effective Date:** 1/1/16 – 12/31/16
- F. **Primary Contact Name:** Mr. Brad Boban, A.S.A., M.A.A.A.
- G. **Primary Contact Telephone Number:** 410-998-6230
- H. **Primary Contact E-Mail Address:** Brad.Boban@CareFirst.com

**3. PROPOSED RATE INCREASE(S):** CFBC is proposing to raise premiums by 6.5% on average, prior to age band changes. Without risk adjustment, this CFBC renewal would have been 0.0%. (For CF's Individual business (Group Hospitalization and Medical Services, Inc (GHMSI) and CFBC) the proposed average renewal is 9.0%.) Without a merged index rate, this 9.0% renewal would have been approximately 24% due to the dominance of the small group (SG) business (with typically higher index rate than INM products) in the merged pool. Merging had the effect of raising average CF (including HMO products) SG renewals by ~3% and reducing INM renewals by ~15%. For renewing customers, an age band change adds 2.6% to the renewal, on average, with a range of 0.0% to 3.9% for ages 22 and upwards per the D.C. age curve. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans.

**Reason for Rate Increase(s):** The main driver of the 2016 rate increase is the actual claims experience of the 2014 merged single risk pool (SRP) for individual and small group that documents a morbidity risk factor that is higher than assumed in the approved 2015 rates. An analysis of the membership composition as of February 2015 indicates that the percentage of the pool that was previously underwritten has declined significantly. Additionally, the morbidity of the new small groups, size 51-100 that migrate to the small group pool is projected to be higher than the morbidity of existing small groups. Both of these shifts in the enrollment composition produce a morbidity estimate that is materially higher than the 2014 actual morbidity risk factor and the 2015 rate filing assumption. Section 4.3 below explains the impact of the shift in enrollment composition.

An additional significant driver of the proposed BlueChoice increase is a material projected risk adjustment receipt of materially higher premium, driven by the relative low morbidity of BlueChoice compared to the DC Individual marketplace, per the Wakely risk adjustment model.

Secondary drivers are medical cost and utilization trends (an aggregate +7.0% per year), the lower anticipated payments from the federal reinsurance program, and an increase in contribution to reserve target.

The expected rate changes vary from -13.3% to 18.9% for 2016 renewals in this filing (prior to any impact of age band changes). This range is driven by the impact of changes in member cost sharing resulting from the mapping of 2015 plans to our proposed 2016 plans, by the adoption of an internal induced utilization curve in lieu of the federal one, and an updated internal pricing model.

**4. MARKET EXPERIENCE (Individual and Small Group Combined):**

**4.1 EXPERIENCE PERIOD PREMIUM AND CLAIMS:** The incurred period is 1/1/14 through 12/31/14, as required. There are no anticipated MLR rebates in the experience period. Allowed claims have been

developed by combining paid claims with member cost-sharing amounts as well as federal CSR amounts.

**Paid Through Date:** 2/28/15

**Premiums (Net of MLR Rebate) in Experience Period:** \$182,666,488 (Merged)

**Allowed and Incurred Claims From Experience Period:** \$159,874,493 (Merged Index Rate)

#### 4.2 BENEFIT CATEGORIES:

- A. Inpatient Hospital
- B. Outpatient Hospital
- C. Professional
- D. Other Medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other)
- E. Prescription drug
- F. Capitations

#### 4.3 PROJECTION FACTORS:

**Changes in the Morbidity of the Population Insured:** The morbidity risk factor projections are based upon 2014 known age-normalized allowed claims costs per member per month (PMPM), projected for various categories of the estimated 2016 membership. These categories are based upon the prior status of the members in the 2013 year – previous CF members (medically underwritten Individual PPACA experience, ACA experience for those previously underwritten members who chose an ACA product, small group, large group) and Other new entrants (either previously uninsured or previously insured with a competitor). The risk factor for each category is expressed in terms of age-normalized allowed claims PMPM cost, and is calculated by comparing the category PMPM claims cost by category to the 2013 CF Individual membership PMPM cost.

In projecting the 2016 SRP, we examined 2014 claims-based experience by categories described above of only the cohort as of 2/28/15. This cohort represented 79,200 CFI members and we had empirical data for ~89% of them. The exact risk scores for this cohort were used for 2016, neither worsening nor improving. The enrollment of each cohort was projected by looking at the actual membership distribution as of 2/28/15 and making projections that the previously underwritten cohorts would decline an additional 10% while the SG cohort would grow by approximately 15% because of the expansion to groups of size 51-100 employees. Although the DISB Bulletin 15-IB-05-04/28 released 4/28/15 allows 51-100 groups to renew their current policies through policy years beginning on or before 10/1/16, we still expect some migration. We have assumed 50% of those eligible will migrate with relatively worse morbidity.

**Changes in Benefits:** For 2016, the portfolio has been redesigned. Some of the new designs include cost sharing elements that differ for some services based on the setting in which care is delivered (Called “Site of Service”). For example, members seeking imaging services in a freestanding facility will have lower cost sharing than those seeking similar treatment in a hospital setting. This is done in order to encourage members to seek treatment in the most efficient setting. Other new designs are the mandated DC standard plans. Our 2015 plans will be uniformly modified into the 2016 plans based on the mapping included in this filing.

The new portfolio consists of 9 plans total: one catastrophic, three bronze, two silver, two gold, and one platinum.

Attached exhibits detail adjustments for pediatric dental, mandatory generics, and maternity.

**Changes in Demographics:** The average age of BlueChoice members has increased from 33.5 to 34.1 between the experience period and the latest enrollment as of 2/28/15. We have therefore made a demographic adjustment of +1.0% to account for this aging.

**Other Adjustments:** Starting in 2015, CF is continuing its incentive program, called BlueRewards, whereby members earn medical expense debit cards of as much as \$300 annually, for an individual (\$700 for a family). These are increases from last year. The cards must be utilized for qualified medical expenses such as deductibles, copays and out-of-pocket maximums. The scope includes all benefit plans within CF's portfolio, On and Off the Exchange. This is being done in a revenue-neutral way. That is, the cost to CF of the incentive payments was chosen such that it matches the expected savings to CF from more efficacious health care delivery. The savings has been incorporated in the "Other" projection factors when developing the index rate. Our aim is that this incentive program will improve our members' health.

This calculation also includes the following:

- A decrease to prescription drug claims costs due to an increase in rebates realized by the move to a new "Pharmacy Benefits Manager" (PBM) in 2014.
- A shift in costs associated with case management of behavioral health, which was a capitated service in 2014 but will instead be processed as a professional claim going forward.

**Trend Factors (Cost/Utilization):** The proposed trend of 7.0% is the same as 2015's 7.0%.

**4.4 CREDIBILITY MANUAL RATE DEVELOPMENT:** Not applicable, as experience was determined to be fully credible.

**4.5 CREDIBILITY OF EXPERIENCE:** The calendar 2014 base data includes 532,612 members months (average monthly of 44,384) and is therefore considered 100% credible.

**4.6 PAID TO ALLOWED RATIO:** Projected at 61.7%, on average.

**4.7 RISK ADJUSTMENT AND REINSURANCE:**

**Experience Period Risk Adjustment and Reinsurance Adjustments PMPM:** The estimates of the experience period Risk Adjustment transfers in the URRT are based on a multi-carrier analysis by Wakely Consulting Group. The reinsurance estimates are based upon internal estimates of reinsured claim amounts, with experience paid through 3/31/15. Both estimates were performed at the metal level of granularity.

**Projected Risk Adjustments PMPM:** \$16 PMPM for 2016. This is based on an analysis of the market by Wakely Consulting Group. Wakely provided CF's normalized risk scores, which were used to develop a projected transfer receipt as a percentage of premium. We converted this to a percentage of our projected index rate for 2015 to translate the estimated receipt into a PMPM. Wakely's method isolated the experience of ACA members for all of 2014.

**Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only):** Total Federal reinsurance recoveries are based upon a CY 2016 attachment point of \$90,000, a cap of \$250,000 and 50% coinsurance. Total net reinsurance of \$7.56 PMPM is derived from \$9.82 in recoveries less \$2.25 in contribution and less \$0.17 PMPY in administrative fees.

**4.8 NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK:** The "desired incurred claims ratio" (DICR) has declined from 73.0% (2015) to 71.9% (2016).

**Administrative Expense Load:** PMPMs increased by 9.5% for total administrative expenses and broker fees, versus 2015.

**CtR & Risk Margin:** Increased from 0.0% to 2.0%, pre-tax.

**Taxes and Fees:**

- Premium Tax of 2.0%
- Federal Income Tax (FIT) increased from 0.0% to 0.7%.
- State Regulatory Trust Annual Assessment Fee of 0.1%.
- Health Insurer Fee remained at 3.2% considering non-deductibility for tax purposes.
- PCORI increased from \$2.11 PMPY to \$2.25 PMPY for 1Q – 3Q 2016 and \$2.34 for 4Q 2016.
- Reinsurance Payments decreased from \$3.67 PMPM to \$2.25 PMPM.
- Risk Adjustment User Fees increased from \$0.08 PMPM to \$0.15 PMPM.
- Reinsurance Administrative Fee is \$0.17 PMPY.

**5 PROJECTED LOSS RATIO:** Our projected DICR for MLR purposes is 81.8%, meeting the 80.0% minimum of “Public Health Service Act” (PHSA) 218. We have included the cost of our medical expense debit cards (aforementioned in section 4.3) as quality improvement in the numerator. We believe this is consistent with the small group market and with 45 C.F.R. § 158.221 and 158.150(b)(2) in that these debit cards are rewards for participation in a bona fide wellness program aimed to improve health quality and care

## **6 APPLICATION OF MARKET REFORM RATING RULES:**

**6.1 SINGLE RISK POOL (SRP):** Our SRP reflects all covered lives for every non-grandfathered product in our market, inclusive of transitional policies, per 45 CFR Part § 156.80 (d). It includes both Individual and Small group experience merged, per the DCHBX Carrier Reference Manual.

**6.2 INDEX RATE:** The EP index rate is a key component driving the renewal. Last year’s implicit 2014 index rate was \$334 (\$312 x trend of 7.0%). The actual for 2014 is \$300 for an favorable variance of –10%, driven primarily by the change in demographics and morbidity of the single risk pool.

After applying projection factors, the allowed claims PMPM for 2016 is \$375.03. This includes projected claims for non-EHBs, estimated at \$2.15 PMPM. The proposed 2016 index rate is \$372.88.

### **6.3 MARKET ADJUSTED INDEX RATE:**

- **Federal Reinsurance Program Adjustment:** 0.967 for 2016, reflecting the anticipated reinsurance recoveries, net of reinsurance contribution and administrative fee.
- **Risk Adjustment:** 1.065 for 2016. A summary exhibit is provided.
- **Marketplace User Fee Adjustment:** 1.00. Not applicable.

**6.4 PLAN ADJUSTED INDEX RATES:** The cost-share factor includes 1) pricing AVs, 2) H.S.A./Non-H.S.A. induced demand factors and 3) metal level induced demand factors. Regarding the second item, as discussed in the past, we maintain that this factor is allowable under 45 C.F.R. § 156.80 for the same reason that the third item is allowed. The catastrophic factor has been developed from the experience of the catastrophic population, and applied only to the catastrophic plan as required.

**6.5 CALIBRATION:** Done for age only.

**Age Curve Calibration –** We have calibrated to an average age of 43 from the age curve.

**6.6 CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT:** Rate charts are provided for all of the consumer adjusted premiums.

## **7 PLAN PRODUCT INFORMATION:**

**7.1 HHS ACTUARIAL METAL VALUES (AV):** Some 2016 plans include varying cost share levels for some services that depend on the setting in which care is delivered, which is not accommodated by the federal AV calculator. As an acceptable alternate method for unique plans, the federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost share, and one which applied the lower. The results were blended assuming 2/3 of the designated services are

rendered in higher cost share setting and the remaining 1/3 at the lower, consistent with 2014 experience for our Small Group and Individual markets.

Those plans that lacked this site of service cost share variation were run through the federal AV calculator without modification.

Printouts for each plan are provided in the AM section of the Supporting Documentation tab of the SERFF filing, and also as part of the QHP binder submission under separate cover.

**7.2 AV PRICING VALUES:** The Plan Level Summary page shows the total AV Pricing Value, as well as the detail of each allowable rating factor that contributes to the total.

**7.3 MEMBERSHIP PROJECTIONS:** Projected enrollment is based on actual enrollment by plan as of 2/28/15. Final 2016 plan-level enrollment results from the underlying mapping of our 2015 plans into the proposed 2016 plan designs.

**7.4 TERMINATED PRODUCTS:** A listing of all terminated non-ACA products, as well as a list of the ACA plans being uniformly modified is included in the AM.

**7.5 PLAN TYPE:** HMO

**7.6 WARNING ALERTS:**

- A warning is triggered on worksheet 1 which reads:  
WARNING - Wksh 1 - Market Experience Total PMPM (Cell H30) is not equal to Allowed Claims (Cell G16). CF believes the warning message is in error, as these two cells should not be equal, as best as can be ascertained from the instructions. Cell G16 is the experience period allowed claims PMPM, adjusted to exclude reinsurance and risk adjustment amounts. Cell H30 is a worksheet computed PMPM that is derived from the actual experience period utilization statistics by service category and does not reflect adjustments to remove reinsurance/risk adjustment.
- Additional warnings are triggered when CSR amounts are entered on worksheet 2: "WARNING - Wksh 2 - Plan Product Info - Cell M65 - (Section III - Portion of above payable by HHS's funds on behalf of insured person in dollars) should be 0 for exchange plans for year 2014 and 2015. This message is an error that needs to be corrected by CMS, and per Dennis Yu on the 4/10/2015 URRT conference call, the un-validated URRT should be submitted.

## **8 MISCELLANEOUS INSTRUCTIONS:**

**8.1 Effective Rate Review Information:** N/A

**8.2 Reliance:** Risk Adjustment analyses were provided to us by the Wakely Consulting Group.

**8.3 Actuarial Certification:** Included in the AM.

**BlueChoice, Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 96202)**

**D.C. Individual Exchange Products  
Rates Effective 1/1/2016**

**Actuarial Memorandum**

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**

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**BlueChoice, Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**D.C. Individual Exchange Products**  
**Rates Effective 1/1/2016**  
**Actuarial Certification**

I, Kenny Kan, am the Senior Vice President and Chief Actuary with CareFirst BlueCross BlueShield of which CareFirst BlueChoice, Incorporated is a subsidiary. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities.
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial
- vii. ASOP No. 41, Actuarial Communications

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:
  - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1)).
  - b. Reasonable in relation to the benefits provided and the population anticipated to be covered.
  - c. Neither excessive nor deficient.
  - d. Based on a plausible scenario of the projected morbidity. Given the significant changes in this market, it is possible that the projected index rate could miss the true costs by a considerable margin up or down.
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable)
3. The percentage of total premium that represents essential health benefits (EHBs) included in Worksheet 2, Sections III and IV, was calculated in accordance with ASOPs. It is appropriate to use for advanced payment of premium tax credits (APTCs).
4. Consistent with 45 CFR 156.135, the 2016 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

---

Kenny W. Kan, FSA, MAAA, CPA, CFA  
Senior Vice President and Chief Actuary  
CareFirst BlueCross BlueShield  
Mail Drop-Point 01-720  
10455 Mill Run Circle  
Owings Mills, MD 21117-5559

**BlueChoice, Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**D.C. Individual Exchange Products**  
**D.C. Individual Exchange Products**  
**Form Numbers**

**Form Numbers Associated With This Filing:**

This list contains the applicable forms for the ACA products.

	<b>In-Network</b>
BlueChoice HMO Open Access	DC/CFBC/EXC/HMO/IEA (1/14) DC/CFBC/SHOP/EXC/DOCS (1/14) DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/DOL APPEAL (R. 7/11) DC/CFBC/MEM/BLCRD (1/12) DC/CFBC/PT PROTECT (9/10) DC/CFBC/EXC/2016 AMEND (1/16) DC/CFBC/DB/INCENT (1/16) DC/CFBC/EXC/HMO/BRZ 6850 (1/16) DC/CFBC/EXC/HMO HSA/BRZ 6000 (1/16) DC/CFBC/EXC/HMO HSA/SIL 1350 (1/16) DC/CFBC/EXC/HMO HSA/SIL 1350 73 (1/16) DC/CFBC/EXC/HMO HSA/SIL 1350 87(1/16) DC/CFBC/EXC/HMO HSA/SIL 1350 94 (1/16) DC/CFBC/EXC/HMO/NATAMER SOB (1/16) DC/CFBC/EXC/HMO/YA SOB (1/16)
BlueChoice HMO Standard Plans	DC/CFBC/EXC/HMO/IEA (1/14) DC/CFBC/SHOP/EXC/DOCS (1/14) DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/DOL APPEAL (R. 7/11) DC/CFBC/MEM/BLCRD (1/12) DC/CFBC/PT PROTECT (9/10) DC/CFBC/EXC/2016 AMEND (1/16) DC/CFBC/DB/INCENT (1/16) DC/CFBC/EXC/HMO STD/GOLD 500 (1/16) DC/CFBC/EXC/HMO STD/BRZ 4500 (1/16) DC/CFBC/EXC/HMO STD/SIL 2000 (1/16) DC/CFBC/EXC/HMO STD/SIL 2000 73 (1/16) DC/CFBC/EXC/HMO STD/SIL 2000 87(1/16) DC/CFBC/EXC/HMO STD/SIL 2000 94 (1/16) DC/CFBC/EXC/HMO STD/PLAT 0 (1/16) DC/CFBC/EXC/HMO STD/NATAMER 0 (1/16)
HealthyBlue HMO	DC/CFBC/EXC/HB IN/IEA (1/14) DC/CFBC/SHOP/EXC/DOCS (1/14) DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/DOL APPEAL (R. 7/11) DC/CFBC/MEM/BLCRD (1/12) DC/CFBC/PT PROTECT (9/10) DC/CFBC/EXC/2016 AMEND (1/16) DC/CFBC/DB/INCENT (1/16) DC/CFBC/EXC/HB HMO/GOLD 1000 (1/16) DC/CFBC/EXC/HB HMO/NATAMER SOB (1/16)

BlueChoice, Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 96202)  
D.C. Individual Exchange Products  
Rates Effective 1/1/2016  
HIOS Product IDs

ACA Products in Projection Period

HIOS Product ID	HIOS Product Name	HIOS Plan ID	Suffix	HIOS Plan Name	On/Off Exchange	Product Type	Abortion Coverage	Actuarial Value	Metal Level	Unique Plan	Projected Members 12/31/2016
86052DC040	BlueChoice	86052DC0400004	01	BlueChoice HMO Young Adult \$6,850	On	Catastrophic	Yes	61.6%	Catastrophic	No	370
86052DC040	BlueChoice	86052DC0400009	01	BlueChoice HMO Bronze \$6,850	On	HMO	Yes	59.0%	Bronze	No	1,002
86052DC040	BlueChoice	86052DC0400005	01	BlueChoice HMO HSA Bronze \$6,000	On	HMO	Yes	61.8%	Bronze	No	865
86052DC040	BlueChoice	86052DC0400006	01	BlueChoice HMO HSA Silver \$1,350 Base	On	HMO	Yes	70.5%	Silver	No	957
86052DC040	BlueChoice	86052DC0400006	04	BlueChoice HMO HSA Silver \$1,350 73%	On	HMO	Yes	73.6%	Silver	No	149
86052DC040	BlueChoice	86052DC0400007	01	BlueChoice HMO Standard Bronze \$4,500	On	HMO	Yes	61.4%	Bronze	No	411
86052DC040	BlueChoice	86052DC0400002	01	BlueChoice HMO Standard Gold \$500	On	HMO	Yes	80.2%	Gold	No	616
86052DC040	BlueChoice	86052DC0400001	01	BlueChoice HMO Standard Silver \$2000 Base	On	HMO	Yes	70.4%	Silver	No	663
86052DC040	BlueChoice	86052DC0400001	04	BlueChoice HMO Standard Silver \$2000 73%	On	HMO	Yes	73.0%	Silver	No	59
86052DC040	BlueChoice	86052DC0400003	01	HealthyBlue HMO Gold \$1,000	On	HMO	Yes	78.1%	Gold	No	1,207
86052DC040	BlueChoice	86052DC0400008	01	BlueChoice HMO Standard Platinum \$0	On	HMO	Yes	90.5%	Platinum	No	1,599
Total											7,898

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**

<b>Acronym</b>	<b>Definition</b>
BC	CareFirst BlueChoice Inc.
AV	Actuarial Value
Med	Medical
Rx	Prescription Drugs
Non-CDH	Non-Consumer Driven Health
CDH	Consumer Driven Health
HSA	Health Savings Account
HRA	Health Reimbursement Account
PPO	Preferred Provider Organization
PPO HSA	Preferred Provider Organization Health Savings Account
PPO HRA	Preferred Provider Organization Health Reimbursement Account
DICR	Desired Incurred Claims Ratio
MLR	Medical Loss Ratio (as defined by ACA)
IBNR	Incurred But Not Reported
IAF	Income Adjustment Factors
PCP	Primary Care Physician
ER	Emergency Room
OON	Out of Network
IP	Inpatient
OP	Outpatient
Prof	Professional
OOP	Out of Pocket
Co-ins	Coinsurance

**BlueChoice, Inc.**  
**DC Individual On & Off Exchange Products Rates Effective 1/1/2016**  
**IND64- Distirict of Columbia BLUECHOICE RATE CHANGE SUMMARY**



\*\*\*Exiting these plans in 2016

1	2	3	6	7	10	11	12	13	14	15	16	17
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\*\*\*Exiting these plans in 2016

**2016 ACA  
Combined SRP MORBIDITY - DC**

	1	2	3	4	5	6	7	8	9	10	11	12	15	16	17	18	19	20	21	22	23	
					2013 Single Risk Pool for 2015 Rates				2014 Single Risk Pool for 2016 Rates				2016 FILING									
					2015 Ave.	2013 ALW Claims PMPM	2013 Ratio to CF IND64-ACA	2014 Ave.	2014 ALW Claims PMPM	2014 Ratio to CF IND64-ACA	2/28/15 Members	% Available	Lifed Data "Line of Sight"	2014 ALW Claims PMPM	2014 Ratio to CF IND64-ACA	2016 Ave.	%	ALW Claims PMPM	Ratio to CF IND64-ACA			
	CFI				7,400	8%	\$289	0.78	2,216	3%	\$434	1.173	3,015	4%	2,367	78%	\$469	1.267	2,412	3%	\$469	1.267
1	CF	IND64-ACA/Metaled	UW, HIPAA, GC, QTC																			
2	CF	IND64-PPACA/Non-Metaled																				
3		Small Group	PPACA/ACA/Congress		65,300	69%	\$379	1.02	77,464	90%	\$397	1.073	68,624	87%			\$401	1.085	61,762	78%	\$401	1.085
4		SRP Subtotal			72,700	77%	\$370	1.00	82,920	96%	\$396	1.070	71,639	90%			\$404	1.093	64,174	81%	\$404	1.093
5																						
6	CF	IND64-	GF UW, HIPAA, GC, QTC		1,100	1%	\$644	1.74														
7																						
10	CF	SG			500	1%	\$398	1.08	437	1%	\$540	1.461	681	1%	521	77%	\$534	1.444	715	1%	\$534	1.444
11	CF	LG			2,000	2%	\$431	1.17	158	0%	\$551	1.490	255	0%	178	70%	\$541	1.462	268	0%	\$541	1.462
12																						
13	OTHER																					
14	Competitors	IND64-			4,600	5%	\$370	1.00														
15	51-100 FTE																					
16	Congress				10,100	11%	\$324	0.88											8,624	11%	\$494	1.336
17																						
18	Uninsured	FPL 100% - 138%	\$11,670		0	0%																
19	Uninsured	FPL 138% - 200%	\$16,105		0	0%																
20	Uninsured	FPL 201%+	\$23,340		3,000	3%	\$363	0.98	2,841	3%	\$441	1.192	6,608	8%	2,398	36%	\$447	1.210	8,203	10%	\$447	1.210
21																						
22	Other				0	0%			0	0%			0%				0.00		0%		0.00	
23	TOTAL:				94,000	100%	\$369	1.00	86,356	100%	\$398	1.08	79,200	100%	5,464	52%	\$409	1.11	82,000	103%	\$420	1.135
24	Δ 2016 Rating Factor Impact								Pool Members (Ind Only)				10,559								1,054	
25	Δ 2016 Premium Impact																				1.136	
26	BC																					
27																						
28	CF	IND64-ACA/Metaled	UW, HIPAA, GC, QTC		3,500	8%	\$375	1.17	1,488	3%	\$392	1.229	2,077	5%	1,581	76%	\$449	1.406	1,662	4%	\$449	1.406
29	CF	IND64-PPACA/Non-Metaled							1,585	4%	\$404	1.267										
30		Small Group	PPACA/ACA/Congress		31,600	69%	\$313	0.98	38,003	87%	\$314	0.983	32,674	81%			\$316	0.991	29,407	70%	\$316	0.991
31		SRP Subtotal			35,100	76%	\$319	1.00	41,076	94%	\$320	1.003	34,751	86%			\$324	1.016	31,069	74%	\$324	1.016
32																						
33	CF	IND64-	GF UW, HIPAA, GC, QTC		100	0%	\$556	1.74														
34																						
37	CF	SG			200	0%	\$343	1.08	338	1%	\$400	1.254	508	1%	377	74%	\$432	1.354	533	1%	\$432	1.354
38	CF	LG			1,500	3%	\$372	1.17	113	0%	\$337	1.057	182	0%	121	67%	\$321	1.005	191	0%	\$321	1.005
39																						
40	OTHER																					
41	Competitors	IND64-			3,500	8%	\$319	1.00														
42	51-100 FTE																					
43	Congress				3,400	7%	\$280	0.88											4,696	11%	\$428	1.342
44																						
45	Uninsured	FPL 100% - 138%	\$11,670		0	0%																
46	Uninsured	FPL 138% - 200%	\$16,105		0	0%																
47	Uninsured	FPL 201%+	\$23,340		2,200	5%	\$313	0.98	2,105	5%	\$366	1.147	5,013	12%	1,757	35%	\$382	1.196	5,500	13%	\$382	1.196
48																						
49	Other				0	0%			0	0%			0%				0.00		0%		0.00	
50	TOTAL:				46,000	100%	\$318	1.00	43,641	100%	\$323	1.01	40,466	100%	3,836	49%	\$333	1.04	42,000	100%	\$345	1.080
51	Δ 2016 Rating Factor Impact								Pool Members (Ind Only)				7,780								1,068	
52	Δ 2016 Premium Impact																				1.083	
53	GHMSI																					
54																						
55	CF	IND64-ACA/Metaled	UW, HIPAA, GC, QTC		3,900	8%	\$219	0.52	728	2%	\$519	1.239	938	2%	786	84%	\$513	1.224	750	2%	\$513	1.224
56	CF	IND64-PPACA/Non-Metaled							1,654	4%	\$279	0.665										
57		Small Group	PPACA/ACA/Congress		33,600	70%	\$442	1.06	39,461	92%	\$477	1.139	35,950	93%			\$478	1.142	32,355	81%	\$478	1.142
58		SRP Subtotal			37,500	78%	\$419	1.00	41,843	98%	\$470	1.122	36,888	95%			\$479	1.144	33,105	83%	\$479	1.144
59																						
60	CF	IND64-	GF UW, HIPAA, GC, QTC		1,000	2%	\$729	1.74														
61																						
64	CF	SG			300	1%	\$451	1.08	98	0%	\$1,023	2.442	173	0%	144	83%	\$833	1.989	182	0%	\$833	1.989
65	CF	LG			500	1%	\$488	1.17	45	0%	\$1,085	2.590	73	0%	57	78%	\$1,089	2.600	77	0%	\$1,089	2.600
66																						
67	OTHER																					
68	Competitors	IND64-			1,200	3%	\$419	1.00														
69	51-100 FTE																					
70	Congress				6,700	14%	\$367	0.88											3,928	10%	\$573	1.368
71																						
72	Uninsured	FPL 100% - 138%	\$11,670		0	0%																
73	Uninsured	FPL 138% - 200%	\$16,105		0	0%																
74	Uninsured	FPL 201%+	\$23,340		800	2%	\$411	0.98	737	2%	\$655	1.564	1,595	4%	642	40%	\$654	1.561	2,704	7%	\$654	1.561
75																						
76	Other				0	0%			0	0%			0%				0.00		0%		0.00	
77	TOTAL:				48,000	100%	\$419	1.00	42,726	100%	\$475	1.13	38,734	100%	1,629	59%	\$489	1.17	40,000	100%	\$503	1.201
78	Δ 2016 Rating Factor Impact								Pool Members (Ind Only)				2,779									
79	Δ 2016 Premium Impact																				1.201	

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**BlueChoice Projected Morbidity**

2016 Change in Morbidity Projection						
			2014 Actual		2016 Projected	
			Risk Score	Average Members	Projected Risk Score	Projected Members
IND64-	ACA/Metaled		1.23	1,488	1.41	1,662
IND64-	PPACA/Non-Metaled		1.27	1,585		
Small Group	PPACA/ACA/Congress		0.98	38,003	0.99	29,407
Small Group			1.25	338	1.35	533
Large Group			1.06	113	1.01	191
Other	51-100 FTE				1.34	4,696
Other	Uninsured		1.15	2,105	1.20	5,500
<b>Grand Total Single Risk Pool</b>			<b>1.01</b>	<b>43,641</b>	<b>1.08</b>	<b>42,000</b>
						<b>6.8%</b>



BlueChoice, Inc.  
D.C. Individual & Small Group Products - Rate Filing Effective 1/1/2014  
BlueChoice D.C. Individual Non-Medigap & Small Group Allowed PMPM Projection (Includes EHB and Non-EHB Claims) - Non-Grandfathered Business Only - 1/1/2014 (Merged)

	Begin	End	Mid-point	Months of Trend	
Experience Period	1/1/2014	12/31/2014	7/1/2014		pd through
Rating Period	1/1/2016	12/31/2016	6/30/2016	24.0	2/28/2015

Experience Period Summary	Total
Experience Period Premiums	\$ 182,666,488
MLR Rebates (enter as negative)	\$ -
Net Experience Period Premiums	\$ 182,666,488
Experience Period Paid Claims (Non-Capitated)	\$ 138,928,727
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	\$ 140,339,780
Capitations	\$ 893,726
Rx Rebates	\$ (3,195,102)
Other Manual Claims	\$ -
Total Experience Period Claims	\$ 138,038,404
Experience Period Loss Ratio (Before MLR Rebates)	75.57%
Experience Period Loss Ratio (After MLR Rebates)	75.57%
Experience Period Loss Ratio (System Claims Only)	76.83%
Experience Period Member Months	532,612
Average Members	44,384
End of Experience Period Contract	27,173
End of Experience Period Members	42,121
Experience Period Allowed Claims (System Only)	\$ 162,175,869
Adjustments	\$ (2,301,376)
Total Adjusted EP Allowed Claims	\$ 159,874,493
EP Paid / Allowed Ratio	86.3%

Service Category Level Projection

Service Category Experience Period Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient	Admits	2,212	\$ 27,263,984	\$ -	\$ -	\$ 27,263,984
Outpatient	Visits	23,310	\$ 30,736,866	\$ -	\$ -	\$ 30,736,866
Professional	Visits	384,853	\$ 55,679,844	\$ -	\$ -	\$ 55,679,844
Other	Services	32,077	\$ 6,878,923	\$ -	\$ -	\$ 6,878,923
Rx	Scripts	355,612	\$ 41,616,251	\$ -	\$ (3,195,102)	\$ 38,421,149
Capitation	Average Members	44,384	\$ 893,726	\$ -	\$ -	\$ 893,726
Total			\$ 163,069,595	\$ -	\$ (3,195,102)	\$ 159,874,493
Check (excluding capitations)			\$ -	\$ -	\$ -	\$ (0)
PMPM			\$ 306.17	\$ -	\$ (6.00)	\$ 300.17
				Non-EHB Claims In Experience PMPM ***		\$ 2.20
				EP Index Rate for EHB		\$ 297.97

Annual Trend Inputs	
Cost Trend	Utilization Trend
0.0%	0.0%
11.0%	0.0%
3.0%	1.0%
0.0%	8.0%
13.0%	0.0%
0.0%	0.0%

Service Category Experience Period Allowed	Utilization Measure	Experience Period			Projection Factors		Cost Factor	Utilization Factor	Total Factor	Projected			Effective Allowed PMPM
		Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity*	Other				Util / 1000	Unit Cost	PMPM	
Inpatient	Admits	49.85	\$ 12,323.61	\$ 51.19	1.068	1.011	1.000	1.000	1.08	53.23	\$ 12,463.12	\$ 55.29	0.0%
Outpatient	Visits	525.19	\$ 1,318.61	\$ 57.71	1.068	1.011	1.232	1.000	1.33	560.90	\$ 1,643.05	\$ 76.80	11.0%
Professional	Visits	8,670.92	\$ 144.68	\$ 104.54	1.068	1.044	1.061	1.020	1.21	9,446.68	\$ 160.18	\$ 126.10	4.0%
Other	Services	722.72	\$ 214.45	\$ 12.92	1.068	1.171	1.000	1.166	1.46	900.30	\$ 251.11	\$ 18.84	8.0%
Rx	Scripts	8,012.11	\$ 108.04	\$ 72.14	1.068	0.984	1.277	1.000	1.34	8,556.93	\$ 135.82	\$ 96.85	13.0%
Capitation	Benefit Period	1,000.00	\$ 20.14	\$ 1.68	1.000	0.690	1.000	1.000	0.69	1,000.00	\$ 13.89	\$ 1.16	0.0%
Total				\$ 300.17									
										Projected Allowed Claims PMPM (EHB + Non-EHB)			7.0%
										Non-EHB Claims In Projected PMPM**			2.15
										Index Rate for EHB			\$ 372.88

\* Please refer to pages 19 and 9-10 for more information.

\*\* Includes abortion claims and capitation for embedded adult vision benefit.

\*\*\* Includes abortion claims and capitations for embedded adult vision benefit and pre-ACA core vision.

# 2016 ACA ALLOWED - TREND ANALYSIS SUMMARY - DC BC

1	2	3	4	5	6	7	8	9	10	11	12	13	
2015 FILING							2016 FILING						
BLUECHOICE - DC					EXPERIENCE PERIOD		PROJECTED			vs 2014			
			Allowed Claims	%	Cost Trend	Utilization Trend	Claims Trend	Allowed Claims	%	Cost Trend	Utilization Trend	Claims Trend	Δ
1	Inpatient	Hospital	\$27,068,642	19%	7.0%	1.0%	8.1%	\$27,263,984	17%	0.0%	0.0%	0.0%	-8.1%
2	Outpatient	Hospital	\$24,411,199	18%	9.5%	0.0%	9.5%	\$30,736,866	19%	11.0%	0.0%	11.0%	1.5%
3	Professional		\$46,066,170	33%	0.0%	4.5%	4.5%	\$55,679,844	34%	3.0%	1.0%	4.0%	-0.5%
4	Other	Non-Capitated Ambulance	\$5,659,419	4%	0.0%	6.0%	6.0%	\$6,878,923	4%	0.0%	8.0%	8.0%	2.0%
5		Home Health											
6		DME											
7		Prosthetics											
8		Supplies											
9		Vision Exams											
10		Dental Services											
11		Other Services											
12	Medical	Subtotal (Clms-Wgtd):	\$103,205,430	74%	4.1%	2.6%	6.7%	\$120,559,618	74%	4.2%	0.9%	5.1%	-1.6%
13													
14	Rx	Claims-Weighted	\$35,958,763	26%	7.0%	1.0%	8.1%	\$41,616,251	26%	13.0%	0.0%	13.0%	4.9%
15	Total	Claims Weighted	\$139,164,193	100%	4.8%	2.2%	7.1%	\$162,175,869	100%	6.4%	0.6%	7.0%	-0.2%
16													
17	Claims Weighted Total DC (BC & GHMSI)											7.0%	

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**Reinsurance Estimate**

**BC Benefit Factor Modeling**

**Base 2013 MSGR CPD**

PMPM	\$	280.88
	\$	<b>280.88</b>
99.92%	\$	<b>3,370.57</b>

Frequency	Total Paid
No Claims	18.56% \$ -
\$ 0 - \$ 49	3.50% \$ 19.65
\$ 50 - \$ 99	3.29% \$ 78.28
\$ 100 - \$ 149	3.86% \$ 124.83
\$ 150 - \$ 199	3.27% \$ 174.47
\$ 200 - \$ 249	2.85% \$ 225.38
\$ 24,000 - \$ 24,999	0.13% \$ 24,578.29
\$ 25,000 - \$ 29,999	0.49% \$ 27,509.24
\$ 30,000 - \$ 34,999	0.35% \$ 32,446.11
\$ 35,000 - \$ 39,999	0.27% \$ 37,474.94
\$ 40,000 - \$ 44,999	0.19% \$ 42,497.79
\$ 45,000 - \$ 49,999	0.15% \$ 47,627.49
\$ 50,000 - \$ 54,999	0.12% \$ 52,595.92
\$ 55,000 - \$ 59,999	0.10% \$ 57,587.06
\$ 60,000 - \$ 64,999	0.08% \$ 62,670.17
\$ 65,000 - \$ 69,999	0.06% \$ 67,656.07
\$ 70,000 - \$ 74,999	0.05% \$ 72,784.83
\$ 75,000 - \$ 79,999	0.04% \$ 77,675.06
\$ 80,000 - \$ 84,999	0.04% \$ 82,894.46
\$ 85,000 - \$ 89,999	0.03% \$ 87,825.27
\$ 90,000 - \$ 94,999	0.03% \$ 92,957.06
\$ 95,000 - \$ 99,999	0.03% \$ 97,721.12
\$100,000 - \$104,999	0.02% \$ 103,261.63
\$105,000 - \$109,999	0.02% \$ 107,835.25
\$110,000 - \$114,999	0.02% \$ 113,176.34
\$115,000 - \$119,999	0.01% \$ 117,663.98
\$120,000 - \$124,999	0.02% \$ 123,001.76
\$125,000 - \$129,999	0.01% \$ 127,981.00
\$130,000 - \$134,999	0.01% \$ 133,624.21
\$135,000 - \$139,999	0.01% \$ 137,757.12
\$140,000 - \$144,999	0.01% \$ 142,633.69
\$145,000 - \$149,999	0.01% \$ 147,890.87
\$150,000 - \$154,999	0.01% \$ 153,070.20
\$155,000 - \$159,999	0.01% \$ 157,927.92
\$160,000 - \$164,999	0.01% \$ 163,808.96
\$165,000 - \$169,999	0.01% \$ 167,769.12
\$170,000 - \$174,999	0.01% \$ 172,068.51
\$175,000 - \$179,999	0.00% \$ 178,392.63
\$180,000 - \$184,999	0.00% \$ 184,483.77
\$185,000 - \$189,999	0.00% \$ 189,160.14
\$190,000 - \$194,999	0.00% \$ 192,795.68
\$195,000 - \$199,999	0.00% \$ 197,706.50
\$200,000 - \$204,999	0.00% \$ 202,424.91
\$205,000 - \$209,999	0.00% \$ 209,467.86
\$210,000 - \$214,999	0.00% \$ 214,030.78
\$215,000 - \$219,999	0.00% \$ 220,014.30
\$220,000 - \$224,999	0.00% \$ 223,270.38
\$225,000 - \$229,999	0.00% \$ 230,287.35
\$230,000 - \$234,999	0.00% \$ 233,979.65
\$235,000 - \$239,999	0.00% \$ 241,934.50
\$240,000 - \$244,999	0.00% \$ 245,076.41
\$245,000 - \$249,999	0.00% \$ 244,035.39
\$250,000 - \$254,999	0.00% \$ 254,077.38
\$255,000 - \$259,999	0.00% \$ 258,268.42
\$260,000 - \$264,999	0.00% \$ 263,897.19
\$265,000 - \$269,999	0.00% \$ 268,043.00
\$270,000 - \$274,999	0.00% \$ 275,786.33
\$275,000 - \$279,999	0.00% \$ 277,849.94
\$280,000 - \$284,999	0.00% \$ 283,203.22
\$285,000 - \$289,999	0.00% \$ 287,482.62
\$290,000 - \$294,999	0.00% \$ 293,362.02
\$295,000 - \$299,999	0.00% \$ 298,293.04
\$300,000 - \$9,999,999	0.03% \$ 460,496.96

**Projected 2015 Total CPD**

Proj PMPM	\$	<b>230.71</b>	From DICR tabs
Calc PMPM	\$	<b>230.32</b>	Computed from assume reins
100.00%	\$	<b>2,763.87</b>	distribution

Frequency	Total Paid	Reinsured
34.91%	\$ -	\$ -
2.80%	\$ 20.14	\$ -
2.63%	\$ 80.24	\$ -
3.09%	\$ 127.95	\$ -
2.62%	\$ 178.83	\$ -
2.28%	\$ 231.01	\$ -
0.10%	\$ 25,192.75	\$ -
0.39%	\$ 28,196.98	\$ -
0.28%	\$ 33,257.27	\$ -
0.22%	\$ 38,411.81	\$ -
0.15%	\$ 43,560.23	\$ -
0.12%	\$ 48,818.17	\$ -
0.09%	\$ 53,910.82	\$ -
0.08%	\$ 59,026.74	\$ -
0.07%	\$ 64,236.93	\$ -
0.05%	\$ 69,347.47	\$ -
0.04%	\$ 74,604.45	\$ 2,302.23
0.03%	\$ 79,616.93	\$ 4,808.47
0.03%	\$ 84,966.82	\$ 7,483.41
0.02%	\$ 90,020.90	\$ 10,010.45
0.03%	\$ 95,280.98	\$ 12,640.49
0.02%	\$ 100,164.14	\$ 15,082.07
0.02%	\$ 105,843.17	\$ 17,921.59
0.01%	\$ 110,531.13	\$ 20,265.57
0.02%	\$ 116,005.75	\$ 23,002.88
0.01%	\$ 120,605.58	\$ 25,302.79
0.01%	\$ 126,076.80	\$ 28,038.40
0.01%	\$ 131,180.53	\$ 30,590.26
0.01%	\$ 136,964.82	\$ 33,482.41
0.01%	\$ 141,201.05	\$ 35,600.53
0.01%	\$ 146,199.53	\$ 38,099.77
0.01%	\$ 151,588.14	\$ 40,794.07
0.01%	\$ 156,896.96	\$ 43,448.48
0.01%	\$ 161,876.12	\$ 45,938.06
0.01%	\$ 167,904.18	\$ 48,952.09
0.01%	\$ 171,963.34	\$ 50,981.67
0.00%	\$ 176,370.22	\$ 53,185.11
0.00%	\$ 182,852.45	\$ 56,426.22
0.00%	\$ 189,095.87	\$ 59,547.93
0.00%	\$ 193,889.14	\$ 61,944.57
0.00%	\$ 197,615.57	\$ 63,807.79
0.00%	\$ 202,649.16	\$ 66,324.58
0.00%	\$ 207,485.54	\$ 68,742.77
0.00%	\$ 214,704.56	\$ 72,352.28
0.00%	\$ 219,381.55	\$ 74,690.77
0.00%	\$ 225,514.65	\$ 77,757.33
0.00%	\$ 228,852.14	\$ 79,426.07
0.00%	\$ 236,044.54	\$ 83,022.27
0.00%	\$ 239,829.15	\$ 84,914.57
0.00%	\$ 247,982.86	\$ 88,991.43
0.00%	\$ 251,203.32	\$ 90,000.00
0.00%	\$ 250,136.27	\$ 90,000.00
0.00%	\$ 260,429.31	\$ 90,000.00
0.00%	\$ 264,725.13	\$ 90,000.00
0.00%	\$ 270,494.61	\$ 90,000.00
0.00%	\$ 274,744.08	\$ 90,000.00
0.00%	\$ 282,680.98	\$ 90,000.00
0.00%	\$ 284,796.18	\$ 90,000.00
0.00%	\$ 290,283.30	\$ 90,000.00
0.00%	\$ 294,669.68	\$ 90,000.00
0.00%	\$ 300,696.07	\$ 90,000.00
0.00%	\$ 305,750.37	\$ 90,000.00
0.02%	\$ 472,009.38	\$ 90,000.00

% Claims (DICR)

Reinsurance Recoveries	\$	<b>9.82</b>	4.3%
Less Reinsurance Contribution		<b>(\$2.25)</b>	
Less Reinsurance Administration Fee		<b>(\$0.01)</b>	
Net Reinsurance for Plan Derivation Tab	\$	<b>7.56</b>	3.3%

CFI, Inc.  
DC Individual On Exchange Products Rates Effective 1/1/2016  
Calculation for Risk Adjustment Factor

		(1) Projected Index Rate	(2) Risk Adjustment % of Prem	(3) Paid Claims x Reins	(4) Fixed \$ Admin	(5) Paid Claim x Reins + Fixed \$ Admin  = (3) + (4)	(6) Index Rate Adjustment  = ((5)*(1-(2))- (4)) / (3)
Year							
BlueChoice	2016	\$ 372.88	5.0%	\$224.24	\$66.02	\$290.26	1.065
GHMSI	2016	\$ 522.72	-8.0%	\$388.42	\$ 87.80	\$476.22	0.901

CareFirst BlueCross BlueShield (BlueChoice)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
DICR & MLR

	1	2	3	4
		Ind 64- DC BC Projected 2016		
		<u>PMPM</u>	<u>%</u>	<u>\$s</u>
1	<b>TRADITIONAL LOSS RATIO</b>			
2	Allowed Claims & Captns (EHB Only)	Medical \$	276.03	
3		RX \$	96.85	
4		<b>TOTAL \$</b>	<b>372.88</b>	
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical \$	278.87	
6		RX \$	96.85	
7		<b>TOTAL \$</b>	<b>375.72</b>	
8				
9	Projected EMMs		169,332	
10	Average Members		14,111	
11				
12	Paid/Allowed Ratio		61.7%	
13	Paid Claims & Captns	\$	231.82	
14				
15	<b>"3Rs"</b>			
16	Risk Corridor		n/a	
17	Risk Adjustment/Transfer (Paid Claims Basis)	\$	14.49	
18	Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)	\$	(7.59)	
19	<b>Subtotal:</b>	<b>\$</b>	<b>6.90</b>	
20				
21	Paid Claims & Captns (Post-3Rs)	<b>\$</b>	<b>238.72</b>	<b>71.9% \$ 40,422,245</b>
22	Administrative Expense	\$	48.95	14.7% \$ 8,288,209
23	Broker Commissions & Fee	\$	9.75	2.9% \$ 1,650,225
24	Contribution to Reserve (CTR) - Post-FIT	\$	4.32	1.3% \$ 731,091
25	Investment Income Credit	\$	(0.00)	0.0% \$ (55)
26				
27	<b>Non-ACA Taxes &amp; Fees</b>			
28	State Premium Tax	\$	6.64	2.0% \$ 1,124,756
29	State Assessment Fees	\$	0.14	0.0% \$ 24,388
30	State Income Tax (SIT)	\$	-	0.0% \$ -
31	Federal Income Tax (FIT)	\$	2.32	0.7% \$ 393,664
32				
33	<b>ACA Taxes &amp; Fees</b>			
34	Health Insurer Fee	\$	10.63	3.2% \$ 1,799,609
37	Risk Adjustment User Fee	\$	0.15	0.0% \$ 25,400
38	<b>Exchange Assessment Fee</b>	\$	3.32	1.0% \$ 562,378
39	<b>Exchange User Fees (FFEs Only)</b>	\$	-	0.0% \$ -
40	Patient-Centered Outcomes Research Institute (PCORI) Tax	\$	0.18	0.1% \$ 30,549
41				
42	BlueRewards/Incentive Program-Medical Debit Cards	\$	7.00	2.1% \$ 1,185,324
43				
44	Other	\$	-	0.0% \$ -
45	<b>TOTAL</b>	<b>\$</b>	<b>332.12</b>	<b>100.0% \$ 56,237,783</b>
46				
47	Contribution to Reserve (CTR) - Pre-FIT			<b>2.0%</b>
48				
49	<b>FHCR MEDICAL LOSS RATIO</b>			
50	Risk Adjustment	\$	16.58	\$ 2,807,356
51	Reinsurance Receipts (Individual Only)	\$	(9.82)	\$ (1,663,094)
52	BlueRewards/Incentive Program-Medical Debit Cards	\$	7.00	\$ 1,185,324
53	Quality Improvement Expenses (net after MLR reclass from care)	\$	5.26	\$ 891,022
54	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)	\$	(1.25)	\$ (212,314)
55	<b>Numerator (Claims) Adjustment</b>	<b>\$</b>	<b>17.77</b>	<b>\$ 3,008,294</b>
56				
57	Non-ACA: Taxes & Regulatory Fees	State Premium Tax \$	6.64	\$ 1,124,756
58		State Assmt Fee \$	0.14	\$ 24,388
59		State Income Tax \$	-	\$ -
60		Federal Income Tax \$	2.32	\$ 393,664
61				
62	ACA: Taxes & Regulatory Fees	Health Insurer Fee \$	10.63	\$ 1,799,609
63		Reinsurance Contribution \$	\$2.25	\$ 380,997
64		Reinsurance Admin. Fee \$	\$0.01	\$ 2,399
65		Risk Adj User Fees \$	0.15	\$ 25,400
66		Exchange Assessment Fee \$	3.32	\$ 562,378
67		Exchange User Fee \$	-	\$ -
68		PCORI \$	0.18	\$ 30,549
69	<b>Denominator (Premium) Adjustment</b>	<b>\$</b>	<b>25.65</b>	<b>\$ 4,344,140</b>
70				
71	FHCR Claims	\$	249.59	\$ 42,262,966
72	FHCR MLR Premium	\$	306.46	\$ 51,893,643
73	<b>FHCR Loss Ratio</b>		<b>81.4%</b>	

**CareFirst BlueCross BlueShield (BlueChoice)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**DICR & MLR**

CareFirst BlueCross BlueShield (BlueChoice)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
DICR & MLR

	1	2	3	4
		<b>SG &amp; Ind</b>		
		<b>DC BC</b>		
		Projected		
		2016		
		<b>PMPM</b>	<b>%</b>	<b>\$</b>
1	Medical	\$ 281.60		
2	RX	\$ 101.51		
3	<b>TOTAL</b>	<b>\$ 383.12</b>		
4				
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical	\$ 283.90	
6		RX	\$ 101.51	
7	<b>TOTAL</b>	<b>\$ 385.41</b>		
8				
9	Projected EMMs	668,724		
10	Average Members	55,727		
11				
12	Paid/Allowed Ratio	78.4%		
13	Paid Claims & Captns	\$ 302.01		
14				
15	<b>"3Rs"</b>			
16	Risk Corridor	n/a		
17	Risk Adjustment/Transfer (Paid Claims Basis)	\$ 14.40		
18	Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)	\$ (1.92)		
19	<b>Subtotal:</b>	<b>\$ 12.48</b>		
20				
21	Paid Claims & Captns (Post-3Rs)	\$ 314.49	72.3%	\$ 210,308,578
22	Administrative Expense	\$ 40.12	9.2%	\$ 26,831,358
23	Broker Commissions & Fee	\$ 26.23	6.0%	\$ 17,541,228
24	Contribution to Reserve (CTR) - Post-FIT	\$ 10.22	2.3%	\$ 6,836,055
25	Investment Income Credit	\$ (0.00)	0.0%	\$ (283)
26				
27	<b>Non-ACA Taxes &amp; Fees</b>			
28	State Premium Tax	\$ 8.70	2.0%	\$ 5,820,882
29	State Assessment Fees	\$ 0.44	0.1%	\$ 294,352
30	State Income Tax (SIT)	\$ -	0.0%	\$ -
31	Federal Income Tax (FIT)	\$ 5.50	1.3%	\$ 3,680,953
32				
33	<b>ACA Taxes &amp; Fees</b>			
34	Health Insurer Fee	\$ 13.93	3.2%	\$ 9,313,411
35	Reinsurance Contribution	\$ 1.68	0.4%	\$ 1,123,632
36	Reinsurance Administrative Fee	\$ 0.01	0.0%	\$ 7,075
37	Risk Adjustment User Fee	\$ 0.15	0.0%	\$ 100,309
38	Exchange Assessment Fee	\$ 4.35	1.0%	\$ 2,910,441
39	Exchange User Fees (FFE's Only)	\$ -	0.0%	\$ -
40	Patient-Centered Outcomes Research Institute (PCORI) Tax	\$ 0.19	0.0%	\$ 125,926
41				
42	BlueRewards/Incentive Program-Medical Debit Cards	\$ 9.20	2.1%	\$ 6,150,169
43				
44	Other	\$ -	0.0%	\$ -
45	<b>TOTAL</b>	<b>\$ 435.22</b>	<b>100.0%</b>	<b>\$ 291,044,084</b>
46				
47	Contribution to Reserve (CTR) - Pre-FIT		3.6%	
48				
49	<b>FHCR MEDICAL LOSS RATIO</b>			
50	Risk Adjustment	\$ 16.17		\$ 10,812,325
51	Reinsurance Receipts (Individual Only)	\$ (2.49)		\$ (1,663,094)
52	BlueRewards/Incentive Program-Medical Debit Cards	\$ 9.20		\$ 6,150,169
53	Quality Improvement Expenses	\$ 6.11		\$ 4,083,403
54	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)	\$ (2.97)		\$ (1,984,778)
55	<b>Numerator (Claims) Adjustment</b>	<b>\$ 26.02</b>		<b>\$ 17,398,025</b>
56				
57	Non-ACA: Taxes & Regulatory Fees	State Premium Tax	\$ 8.70	\$ 5,820,882
58		State Assmt Fee	\$ 0.44	\$ 294,352
59		State Income Tax	\$ -	\$ -
60		Federal Income Tax	\$ 5.50	\$ 3,680,953
61				\$ -
62	ACA: Taxes & Regulatory Fees	Health Insurer Fee	\$ 13.93	\$ 9,313,411
63		Reinsurance Contribution	\$ 2.25	\$ 1,504,629
64		Reinsurance Admin. Fee	\$ 0.01	\$ 9,474
65		Risk Adj User Fees	\$ 0.15	\$ 100,309
66		Exchange Assessment Fee	\$ 4.35	\$ 2,910,441
67		Exchange User Fee	\$ -	\$ -
68		PCORI	\$ 0.19	\$ 125,926
69	<b>Denominator (Premium) Adjustment</b>	<b>\$ 35.53</b>		<b>\$ 23,760,375</b>
70				
71	FHCR Claims	\$ 328.03		\$ 219,359,764
72	FHCR MLR Premium	\$ 399.69		\$ 267,283,709
73	<b>FHCR Loss Ratio</b>		<b>82.1%</b>	

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**IND64- DC BLUECHOICE PLAN LEVEL DERIVATIONS**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	21	22			
	TOTAL			PROJ INDEX RATE (Ave ALW EHB)	Market-Level Adjustments (MLA)				Mkt-Adj INDEX RATE (Post- MLA)	Plan-Level Adjustments (PLA)								Plan-Adj INDEX RATE (Plan- Level)	Normalization/Calibration Allowable Rating Factors				Consumer Adjusted PREMIUM RATES	
	2015 Projected Benefit Plan	EMMs	%		Reins.	Risk Adj	Exch User Fees	Cumul.		CF Pricing Value	CDH Factor	Induced Demand	Cost Share	Network & UM	Non- EHB	Catas	("HBS") Distrib & Admin		Cumul.	HHS AV	Age	Geo		Cumul.
1	BlueChoice HMO Young Adult \$6,850	3,966	5%	\$373	0.967	1.065	1.000	1.030	\$384	0.511	0.850	0.817	0.355	0.997	1.015	0.709	1.391	0.354	\$136	61.6%	0.914	1.000	0.914	\$124
2																								
3	Bronze Plans																							
4	BlueChoice HMO Bronze \$6,850	10,741	13%	\$373	0.967	1.065	1.000	1.030	\$384	0.482	0.850	0.817	0.335	0.997	1.012	1.000	1.391	0.470	\$180	59.0%	0.914	1.000	0.914	\$165
5	BlueChoice HMO Standard Bronze \$4,500	4,406	5%	\$373	0.967	1.065	1.000	1.030	\$384	0.551	1.018	0.817	0.458	0.997	1.009	1.000	1.391	0.641	\$246	61.4%	0.914	1.000	0.914	\$225
6	BlueChoice HMO HSA Bronze \$6,000	9,273	11%	\$373	0.967	1.065	1.000	1.030	\$384	0.472	0.850	0.817	0.328	0.997	1.012	1.000	1.391	0.461	\$177	61.8%	0.914	1.000	0.914	\$162
7	Subtotal:	24,420	29%	\$373	0.967	1.065	1.000	1.030	\$384	0.491	0.880	0.817	0.354	0.997	1.011	1.000	1.391	0.497	\$191	60.5%	0.914	1.000	0.914	\$175
8																								
9	Silver Plans																							
10	BlueChoice HMO HSA Silver \$1,350	11,856	14%	\$373	0.967	1.065	1.000	1.030	\$384	0.626	0.873	0.934	0.510	0.997	1.009	1.000	1.391	0.714	\$274	70.5%	0.914	1.000	0.914	\$251
11	BlueChoice HMO Standard Silver \$2000	7,740	9%	\$373	0.967	1.065	1.000	1.030	\$384	0.644	1.018	0.936	0.614	0.997	1.008	1.000	1.391	0.858	\$329	70.4%	0.914	1.000	0.914	\$301
12	Subtotal:	19,596	23%	\$373	0.967	1.065	1.000	1.030	\$384	0.633	0.930	0.935	0.551	0.997	1.008	1.000	1.391	0.771	\$296	70.4%	0.914	1.000	0.914	\$270
13																								
14	Gold Plans																							
15	BlueChoice HMO Standard Gold \$500	6,604	8%	\$373	0.967	1.065	1.000	1.030	\$384	0.792	1.018	0.980	0.790	0.997	1.007	1.000	1.391	1.103	\$424	80.2%	0.914	1.000	0.914	\$387
16	HealthyBlue HMO Gold \$1,000	12,939	15%	\$373	0.967	1.065	1.000	1.030	\$384	0.763	1.018	0.980	0.762	0.997	1.007	1.000	1.391	1.064	\$409	78.1%	0.914	1.000	0.914	\$373
17	Subtotal:	19,543	23%	\$373	0.967	1.065	1.000	1.030	\$384	0.773	1.018	0.980	0.771	0.997	1.007	1.000	1.391	1.077	\$414	78.9%	0.914	1.000	0.914	\$378
18																								
19	Platinum Plans																							
20	BlueChoice HMO Standard Platinum \$0	17,141	20%	\$373	0.967	1.065	1.000	1.030	\$384	0.888	1.018	1.062	0.960	0.997	1.006	1.000	1.391	1.339	\$514	90.5%	0.914	1.000	0.914	\$470
21	Subtotal:	17,141	20%	\$373	0.967	1.065	1.000	1.030	\$384	0.888	1.018	1.062	0.960	0.997	1.006	1.000	1.391	1.339	\$514	90.5%	0.914	1.000	0.914	\$470
22																								
23	TOTAL:	84,666	100%	\$373	0.967	1.065	1.000	1.030	\$384	0.670	0.950	0.932	0.619	0.997	1.009	0.986	1.391	0.858	\$330	73.1%	0.914	1.000	0.914	\$301
24	Average:	7,056																71.9%						

Cost-Share Factor = Internal/Carrier-Specific Pricing AV, H.S.A./Non-H.S.A., Benefit Generosity/Induced Demand.  
Catastrophic Factor = Adjusting rate downwards for inaccuracy of compressed CMS "3:1" curve versus internal ratio of "4.5:1."  
Network = HMO Open Access and PPO/RPN.



**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**Support for Utilization Impact Due to Change in Benefit Generosity on Small Group/Individual Combined**

		Item Calculation
2013 AV	87.17%	(1)
2013 Induced Demand Factor	1.272	(2)
2014 AV	84.12%	(3)
2014 Induced Demand Factor	1.241	(4)
2 Year Buydown Implied in Utilization Trends	-4.7%	(5) = [(4)/(2)]^2 - 1
2016 AV	82.24%	(6)
2016 Induced Demand Factor	1.222	(7)
Buydown Impact Implied by Base Period and Projected Average AVs	-1.5%	(8) = (7)/(4) - 1
Explicit Utilization Adjustment Needed*	3.2%	(9) = (8) - (5)

Our selected utilization trends are based in large part on our rolling 12 experience trends. Inherent in these experience trends is a certain level of “benefit buy-down” that has been experienced as groups / individuals have moved to less rich plans over time. This “buy-down” theoretically would have an induced demand impact similar to any projected changes in average benefit richness between the base and projection periods in this filing. As such, we feel that the only explicit induced demand adjustment needed is for projected changes in benefit richness above and beyond what is implied in our base experience.

Using the HHS Actuarial Value calculator, and valuing our plan designs in 2012 and 2013 we have derived the following “average AVs” to quantify the annual change in benefit richness implied in recent experience. Using the federal risk adjustment induced demand curve we have also estimated the amount of induced demand adjustment implied by these values over a two year period. Similarly we have estimated the amount of induced demand adjustment implied by the change in average AV between our experience period and projection period. The differential between these two estimates represents the needed explicit adjustment to the projected allowed PMPM. Please note that the HHS AV calculator was used in all cases in order to have a consistent measure of AV (benefit richness), to remove the impact of modeling error, and to maintain consistency with the plan level induced demand factors used.

\*Applied under Projection Factors: Population Risk/Morbidity on the Allowed PMPM Projection tabs.

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**Calculation of Other Projection Factors**

<b>Ind&lt;65</b>	<b>Projection Factor</b>									
<b>Service Category</b>	<b>Maternity</b>	<b>Pediatric Dental</b>	<b>Demographics</b>	<b>Autism Benefit</b>	<b>Mandatory Generics</b>	<b>Incentive Program</b>	<b>Utilization Adjustment</b>	<b>Capitation Adjustment</b>	<b>Rx Rebates</b>	<b>Total Other Projection Factor</b>
<b>Inpatient</b>	1.001	1.000	1.010	1.000	1.000	0.978	1.000	1.000	1.000	0.988
<b>Outpatient</b>	1.001	1.000	1.010	1.000	1.000	0.978	1.000	1.000	1.000	0.988
<b>Professional</b>	1.001	1.000	1.010	1.006	1.000	0.978	1.000	1.004	1.000	0.998
<b>Other</b>	1.000	1.158	1.010	1.000	1.000	0.978	1.000	1.000	1.000	1.144
<b>Rx</b>	1.001	1.000	1.010	1.000	1.004	0.978	1.000	1.000	0.988	0.980
<b>Capitation</b>	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.690	1.000	0.690

**BlueChoice, Inc.**  
**DC Small Group On & Off Exchange Products Rates Effective 1/1/2015**  
**Calculation of Other Projection Factors**

<b>Small Group</b>	<b>Projection Factor</b>									
<b>Service Category</b>	<b>Maternity</b>	<b>Pediatric Dental</b>	<b>Demographics</b>	<b>Autism Benefit</b>	<b>Mandatory Generics</b>	<b>Incentive Program</b>	<b>Utilization Adjustment</b>	<b>Capitation Adjustment</b>	<b>Rx Rebates</b>	<b>Total Other Projection Factor</b>
<b>Inpatient</b>	1.000	1.000	1.010	1.000	1.000	0.970	1.000	1.000	1.000	0.979
<b>Outpatient</b>	1.000	1.000	1.010	1.000	1.000	0.970	1.000	1.000	1.000	0.979
<b>Professional</b>	1.000	1.000	1.010	1.032	1.000	0.970	1.000	1.004	1.000	1.015
<b>Other</b>	1.000	1.158	1.010	1.000	1.000	0.970	1.000	1.000	1.000	1.134
<b>Rx</b>	1.000	1.000	1.010	1.000	1.004	0.970	1.000	1.000	0.966	0.950
<b>Capitation</b>	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.690	1.000	0.690

**BlueChoice, Inc.**  
**DC Combined On & Off Exchange Products Rates Effective 1/1/2015**  
**Calculation of Other Projection Factors**

<b>Combined</b>	<b>Projection Factor</b>									
<b>Service Category</b>	<b>Maternity</b>	<b>Pediatric Dental</b>	<b>Demographics</b>	<b>Autism Benefit</b>	<b>Mandatory Generics</b>	<b>Incentive Program</b>	<b>Utilization Adjustment</b>	<b>Capitation Adjustment</b>	<b>Rx Rebates</b>	<b>Total Other Projection Factor</b>
<b>Inpatient</b>	1.000	1.000	1.010	1.000	1.000	0.971	1.031	1.000	1.000	1.011
<b>Outpatient</b>	1.000	1.000	1.010	1.000	1.000	0.971	1.031	1.000	1.000	1.011
<b>Professional</b>	1.000	1.000	1.010	1.028	1.000	0.971	1.031	1.004	1.000	1.044
<b>Other</b>	1.000	1.158	1.010	1.000	1.000	0.971	1.031	1.000	1.000	1.171
<b>Rx</b>	1.000	1.000	1.010	1.000	1.004	0.971	1.031	1.000	0.970	0.984
<b>Capitation</b>	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.690	1.000	0.690

BlueChoice, Inc.  
D.C. Individual Exchange Products Rates Effective 1/1/2016

Support for "Other" adjustment factors

**1. Factors to adjust for capitation schedule changes**

	Allowed Claims	Item	Calculation
Experience Period Professional Allowed PMPM	\$ 104.54	(1)	
Experience Period Capitation PMPM	\$ 1.68	(2)	
Projected Difference in Professional Capitations PMPM due to Contractual Changes*	\$ (0.43)	(3)	
Projected Difference in Vision Capitations PMPM*	\$ (0.09)	(4)	

\*Note: Case management of behavioral health will no longer be a capitated service and will instead be processed as a professional claim.

<b>Adjustment Factor - Impact to Professional only (Blended Across Single Risk Pool)</b>	<b>0.4%</b>	<b>(5) = [(1)-(3)] / (1) -1</b>
<b>Adjustment Factor - Impact to Capitations only (Blended Across Single Risk Pool)</b>	<b>-31.0%</b>	<b>(6) = [(2)+(3)+(4)] / (2) -1</b>

**2. Rx Rebates Adjustment**

**Ind 64-**

CareFirst changed its Pharmacy Benefits Manager (PBM) in 2014 and has received increased pharmacy rebates as a result of this move. The 2014 experience period rebates are a blend of those received from the two different PBMs. In 2016 the rebates will be entirely from the new PBM. The adjustment below is the ratio of the rebate PMPM for the last 3 months of 2014, which is primarily the new PBM with higher rebates, over the average rebate PMPM for all of 2014.

Experience Period Allowed Rx PMPM (Pre-Rebate)	\$ 97.78	(1)
Experience Period Rx Rebates PMPM	(\$2.04)	(2)
Projection Period Rx Rebates PMPM	(\$3.22)	(3)
<b>Rebate adjustment factor - Impact to Rx only (Ind64- Only)</b>	<b>-1.2%</b>	<b>(4) = [(3)-(2)] / (1)</b>

**Small Group**

Experience Period Allowed Rx PMPM (Pre-Rebate)	\$ 74.84	(1)
Experience Period Rx Rebates PMPM	(\$6.49)	(2)
Projection Period Rx Rebates PMPM	(\$9.03)	(3)
<b>Rebate adjustment factor - Impact to Rx only (Small Group Only)</b>	<b>-3.4%</b>	<b>(4) = [(3)-(2)] / (1)</b>

<b>Rebate adjustment factor - Impact to Rx only (Blended Across Single Risk Pool)</b>	<b>-3.0%</b>
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**3. Mandatory Generic Factor Derivation (Based on CFI Total Book of Business Data)**

Total \$ Impact Due to expansion of list of Mandatory Generic Drugs	\$ 4,594,160	(1)
Total 2013 Drug Claims	\$ 1,249,560,894	(2)
<b>% Increase in Paid Drug \$</b>	<b>0.4%</b>	<b>(3) = (1)/(2)</b>

**4. Changes in treatment of ABA services (see page 25 for details)**

**Ind64-**

\$ Impact to Experience Period Allowed PMPM	\$ 0.58	(1)
Experience Period Allowed PMPM for Professional Services	\$ 105.29	(2)
<b>Changes in treatment of ABA services - Impact (to Ind64- Professional only)</b>	<b>0.6%</b>	<b>(3) = (1)/(2)</b>

**Small Group**

\$ Impact to Experience Period Allowed PMPM	\$ 3.32	(4)
Experience Period Allowed PMPM for Professional Services	\$ 104.41	(5)
<b>Changes in treatment of ABA services - Impact (to Small Group Professional only)</b>	<b>3.2%</b>	<b>(6) = (4)/(5)</b>

<b>Changes in treatment of ABA services - Impact to Professional only (Blended Across Single Risk Pool)</b>	<b>2.8%</b>
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**5. Demographic Factor Derivation (see page 26 for details)**

<b>Demographic Impact (Blended Across Single Risk Pool)</b>	<b>1.0%</b>
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**6. Changes in Maternity Utilization (Ind64- Only)**

\$ Impact to total experience period allowed PMPM	\$ 0.24	(1)
Total Experience Period Allowed	\$ 334.25	(2)
<b>Impact of Changes in Maternity Utilization - (Ind64- Only)</b>	<b>0.1%</b>	<b>(3) = (1)/(2)</b>

<b>Impact of Changes in Maternity Utilization - (Blended Across Single Risk Pool)</b>	<b>0.01%</b>
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Note: Blended adjustments are an average of Ind64- and Small Group adjustments, weighted by claims.

Note: Please see pages 19 and 22 for the derivation of the adjustments for induced demand and embedded pediatric dental coverage, both of which are applied under the 'Other' projection factors field in the Allowed PMPM Projection exhibits.

BlueChoice, Inc.  
D.C. Individual Exchange Products Rates Effective 1/1/2016  
Derivation of Embedded Pediatric Dental Rate  
Projection Period: 1/1/2016 - 12/31/2016

#	Formula	Description	%	PMPM
1		Base D.C. Dental Allowed PMPM For Members Age 19 and Under Classes 1 -4	\$	14.64
2		Adjustment to D.C. Benchmark Plan (D.C. FEDVIP)	-0.71%	
3	<b>(3) = (1)*(1+(2))</b>	Adjusted Allowed PMPM Classes 1 - 4	\$	14.54
4		Base D.C. Dental Allowed PMPM For Members Age 19 and Under Class 5 (Ortho)	\$	3.25
5		Adjustment to D.C. Benchmark Plan	-40%	
6	<b>(6) = (4)*(1+(5))</b>	Adjusted Allowed PMPM Classes 5 (Ortho)	\$	1.95
7		<b>Estimated Base Period Allowed PMPM Adjusted to D.C. Benchmark</b>	\$	<b>16.49</b>
8		Completion Factor (Incurred 12, Paid 14)		0.982
9	<b>(9) = (7)/(8)</b>	<b>Ultimate Base Period Allowed PMPM Adjusted to D.C. Benchmark</b>	\$	<b>16.80</b>
10		Adjustment to Dental PPO Fee Schedule	0.908	
11	<b>(11) = (9)*(10)</b>	Projected Allowed Pediatric PMPM Based on PPO Fee Schedule	\$	15.25
12		% of D.C. Small Group & Individual, Non-Medigap Market Age 19 and Under	13.4%	
13	<b>(13) = (11)*(12)</b>	Projected Allowed Pediatric Dental PMPM Spread Over Single Risk Pool	\$	<b>2.04</b>
14		Base Period Other Medical PMPM	\$	12.92
15		<b>Projection Factor Entered To Adjust Other Medical Category</b>		<b>1.158</b>
16		<b>Impact on Total Medical and Rx Base Period PMPM</b>		<b>1.007</b>

**Notes:**

- Row 1** Allowed PMPM for experience period of 01/2014 - 12/2014, pd through 02/28/2015 for Classes 1- 4.  
**Row 2** Adjustment factor to account for coverage differences between current plans and DC Benchmark plan for Classes 1 - 4.  
**Row 4** Allowed PMPM for experience period of 01/2014 - 12/2014, pd through 02/28/2015 for Class 5 (Ortho).  
**Row 5** Adjustment factor to account for coverage differences between current plans and DC Benchmark plan for Class 5 (Ortho), as provided by CareFirst's Dental Network Director.

Months of Trend	Begin	End	Mid-point	Mo of trend
Experience Period	1/1/2014	12/31/2014	7/1/2014	
Rating Period	1/1/2016	12/31/2016	7/1/2016	24

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**Vision Embedded in Medical Plan**  
**Projection Period: 1/1/2016 - 12/31/2016**

**Derivation of Embedded Pediatric Vision Rate (EHB)**

Small Group Embedded PMPM (Vision Capitation)	\$ 1.25
% of 2014 D.C. Small Group Market in Pre-ACA plans, Age 19 and Under*	13.4%
<b>Additional Pediatric Vision PMPM Spread Over Small Group Market</b>	<b>\$ 0.17</b>
Individual, non-Medigap Embedded PMPM (Vision Capitation)	\$1.77
% of D.C. Individual, non-Medigap Market Age 19 and Under	8.9%
<b>Pediatric Vision PMPM Spread Over Individual Market</b>	<b>\$ 0.16</b>
<b>Blended EHB Pediatric Vision PMPM Spread Over Entire Single Risk Pool</b>	<b>\$ 0.17</b>

**Derivation of Embedded Adult Vision Rate (Non-EHB, Individual Market Only)**

Individual, non-Medigap Embedded PMPM (Vision Capitation)	\$1.16
% of D.C. Individual, non-Medigap Market over Age 19	91.1%
<b>Embedded Adult Vision PMPM Spread Over Individual Market</b>	<b>\$ 1.06</b>
<b>Blended Non-EHB Adult Vision PMPM Spread Over Entire Single Risk Pool</b>	<b>\$ 0.15</b>

**Derivation of Projection Factor**

<b>Total Embedded Vision PMPM</b>	<b>\$ 0.32</b>
Experience Period Pre-ACA Core Vision Capitation PMPM Spread Over Entire Single Risk Pool	\$ 0.41
<b>\$ Change from Experience to Projection Period PMPM</b>	<b>\$ (0.09)</b>

\* This represents the portion of experience period enrollment which is not yet subject to the embedded pediatric vision capitation.

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**Impact of new Essential Health Benefits in Individual, Non-Medigap Market**

**Maternity**

The current experience period (2014 Year to Date) contains experience from our new ACA pool and some still remaining from the PPACA pool. For BlueChoice, the Maternity PMPM for PPACA is lower than ACA. In 2016 all of our subscribers will have ACA benefits and therefore we assume will resemble the ACA Maternity PMPM. So the calculations below are simply showing the percentage change in PMPM when we compare the 2014 weighted cost of maternity vs the cost of ACA only maternity.

2014 - BlueChoice Maternity Data

	Member Months	Maternity Claims	PMPM
PPACA	19,023	\$ 33,800	\$ 1.78
ACA	57,556	\$ 195,330	\$ 3.39
<b>TOTAL</b>	<b>76,579</b>	<b>\$ 229,130</b>	<b>\$ 2.99</b>

\$ 3.15 = claims weighted PPACA/ACA PMPM  
= PMPM change between combined PPACA/ACA and  
\$ 0.24 ACA only, = \$3.39 - \$3.15 = \$0.24  
\$ 331.98 = Combined 2014 Medical + Drug PMPM  
= % change when -\$0.24 is removed from total Medical +  
0.07% Drug PMPM, = \$332.22 / \$331.98 = 0.07%

Change in Individual Allowed Cost PMPM      \$      **0.24**  
% Impact      **0.07%**

**Impact of Maternity on Individual Market PMPM      \$      0.24**  
**Impact on Individual & Small Group Market Combined PMPM      \$      0.03**

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**

Autism Cost Model

Average Cost:

Assume treatment cost per hour for intensive ABA therapy	\$47
Assume treatment cost per hour for other non-intensive therapy	\$100

Children 2-5:  
Children 6-7:  
Children 8-12:  
Children 13-21:

ABA Therapy hrs/wk	Other Therapy hrs/wk	Hrs/Yr Therapy	Cost Per Year Therapy
40	0	2080	97,400
15	5	1040	62,547
0	10	520	52,043
0	8	416	41,635

Utilization:

Assume 1 in every 68 children age 1-21 have Autism or Asperger's. Assume 1 in 3 seek ABA treatment

0.49%

children age 2-5 as a % of total population  
children age 6 as a % of total population  
children age 7 as % total population  
children age 8 as % total population  
children age 9-12 as a % of total population  
children age 13-21 as a % of total population

	Ind	SG
====>	2.6%	4.7%
====>	0.6%	1.1%
====>	0.5%	1.1%
====>	0.5%	1.2%
====>	1.8%	4.4%
====>	3.4%	8.6%

Cost PMPM:

children 2-5:  
Children age 6  
Children age 7  
Children age 8  
children 9-12:  
children 13-21:  
total  
% of Population Pre-ACA  
Adjusted PMPM

	Ind64-	Small Group
\$	1.03	\$ 1.89
\$	0.15	\$ 0.29
\$	0.13	\$ 0.29
\$	0.10	\$ 0.26
\$	0.38	\$ 0.93
\$	0.57	\$ 1.47
\$	2.35	\$ 5.12
	24.8%	64.9%
\$	0.58	\$ 3.32

Adjustment

**Ind64-  
0.6%**

**Small Group  
3.2%**

**Blended  
2.8%**

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**Demographic Factor Derivation**

		Non-Metaled		Metaled &		$\Delta$	Proposed		$\Delta$
		ACA	Average	Non-Metaled	Average		Members	Average	
		Members	Age	Members	Age	$\Delta$	Members	Age	$\Delta$
		<u>12/31/13</u>	<u>12/31/13</u>	<u>12/31/14</u>	<u>12/31/14</u>		<u>12/31/16</u>	<u>12/31/16</u>	
Ind 64-	BC	3,733	34.1	6,827	36.6	2.4	8,839	37.4	3.3
Small Group	BC	36,110	33.5	35,294	33.5	(0.0)	41,616	33.5	(0.0)
<b>Ind64- &amp; SG</b>	<b>BC</b>	<b>39,843</b>	<b>33.5</b>	<b>42,121</b>	<b>34.0</b>	<b>0.4</b>	<b>50,455</b>	<b>34.1</b>	<b>0.6</b>

  

		Age	Age	Proposed	Age	$\Delta$ Age
		<u>12/31/13</u>	<u>Factor**</u>	<u>12/31/16</u>	<u>Factor**</u>	<u>Factor</u>
<b>Ind64- &amp; SG</b>		<b>33.5</b>	<b>0.795</b>	<b>34.1</b>	<b>0.803</b>	<b>1.0%</b>
		33.0	0.790	34.0	0.800	
		34.0	0.800	35.0	0.820	

\*\* From internally developed 4.5:1 age curve.



BlueChoice, Inc.

D.C. Individual Exchange Products Rates Effective 1/1/2016  
Estimate of Non-EHB Claims - Individual, non-Medigap & Small Group Markets Combined

Abortion Coverage (Applies to Individual, Non-Medigap & Small Group Markets)

Total Abortion Related	Allowed Amount	2014 Member Months	Exp Period PMPM	Projected PMPM
BlueChoice	\$942,517	575,716	\$1.64	
				1Q16 \$2.00
				2Q16 \$2.05
				3Q16 \$2.11
				4Q16 \$2.16

Embedded Adult Vision Coverage (Applies to Individual, Non-Medigap Market Only)

Refer to page 23 for details.

Projected PMPM Spread Over Individual Market	Blended with Small Group	Projected PMPM
\$1.06	\$0.15	
		1Q16 \$0.15
		2Q16 \$0.15
		3Q16 \$0.15
		4Q16 \$0.15

Projection Period Non-EHB
1Q16 \$2.15
2Q16 \$2.20
3Q16 \$2.26
4Q16 \$2.31

BlueChoice, Inc.  
D.C. Individual Exchange Products Rates Effective 1/1/2016  
Estimate of non-EHB in Experience and Projection Periods

Abortion:

<u>Total Abortion Related</u>	<u>Allowed Amount</u>	<u>2014 Member Months</u>	<u>Exp Period PMPM</u>	<u>Projected Allowed</u>	<u>Projected 2015 Member Months (On-Exchange)</u>	<u>Projected PMPM</u>
GHMSI	\$203,309	87,069	\$2.34	\$102,715	39,846	\$2.58
BlueChoice	\$103,736	85,799	\$1.21	\$118,484	84,667	\$1.40
<b>SUM:</b>	<b>\$307,045</b>	<b>172,868</b>	<b>\$1.78</b>	<b>\$221,199</b>	<b>124,513</b>	<b>\$1.78</b>

Core Vision

Davis Vision capitation has been raised because \$10 copay has been dropped from exam.

	<u>% Membership</u>	<u>Exp Period Capitation</u>	<u>Projected Capitation PMPM</u>
Total Capitation		\$0.41	\$1.21
% pediatric members (EHB)	13%	\$0.05	\$0.17
% non-pediatric (non-EHB)	87%	\$0.36	\$1.06

BlueChoice, Inc.  
D.C. Individual Exchange Products Rates Effective 1/1/2016  
BlueChoice - Abortion Cost Test > \$1.00

Plan Name	BlueChoice HMO Young Adult \$6,850	BlueChoice HMO Bronze \$6,850	BlueChoice HMO HSA Bronze \$6,000	BlueChoice HMO HSA Silver \$1,350	BlueChoice HMO Standard Bronze \$4,500	BlueChoice HMO Standard Gold \$500	BlueChoice HMO Standard Silver \$2000	HealthyBlue HMO Gold \$1,000	BlueChoice HMO Standard Platinum \$0	Overall On-Exchange
HIOS Product ID	86052DC040	86052DC040	86052DC040	86052DC040	86052DC040	86052DC040	86052DC040	86052DC040	86052DC040	
HIOS Plan ID	86052DC0400004	86052DC0400010	86052DC0400005	86052DC0400006	86052DC0400007	86052DC0400002	86052DC0400001	86052DC0400003	86052DC0400009	
Metal Level	Catastrophic	Bronze	Bronze	Silver	Bronze	Gold	Silver	Gold	Platinum	
Metallic AV	61.6%	59.0%	61.8%	70.5%	61.4%	80.2%	70.4%	78.1%	90.5%	
Index Rate (Average Allowed EHB)	\$ 4.66	\$ 3.50	\$ 3.57	\$ 2.30	\$ 2.56	\$ 1.48	\$ 1.91	\$ 1.54	\$ 1.22	\$ 2.28
Market Level Adjustments:										
Reinsurance	0.967	0.967	0.967	0.967	0.967	0.967	0.967	0.967	0.967	
Risk Adjustment	1.065	1.065	1.065	1.065	1.065	1.065	1.065	1.065	1.065	
Exchange User Fees	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Index Rate - Post Market Level Adj.	\$4.80	\$3.60	\$3.68	\$2.37	\$2.64	\$1.52	\$1.97	\$1.59	\$1.26	\$ 2.35
Cost-share factor	0.355	0.335	0.328	0.510	0.458	0.790	0.614	0.762	0.960	0.619
Network & UM	0.997	0.997	0.997	0.997	0.997	0.997	0.997	0.997	0.997	0.997
Non-EHB	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Catastrophic Adj	0.709	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.986
Distribution & Admin Cost	1.391	1.391	1.391	1.391	1.391	1.391	1.391	1.391	1.391	1.391
Index Rate - Plan Level	\$1.67	\$1.67	\$1.68	\$1.68	\$1.68	\$1.67	\$1.68	\$1.68	\$1.68	\$1.68
Pricing AV	34.9%	46.5%	45.5%	70.8%	63.5%	109.6%	85.1%	105.7%	133.2%	
Age Calibration	0.914	0.914	0.914	0.914	0.914	0.914	0.914	0.914	0.914	0.914
Geo Calibration	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Smoking Calibration	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Base Premium	\$1.53	\$1.53	\$1.54	\$1.54	\$1.54	\$1.53	\$1.54	\$1.54	\$1.54	\$1.54
Projected Member Months	3,966	10,741	9,273	11,856	4,406	6,604	7,740	12,939	17,141	84,666
Lowest Age Factor	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	
>= \$1.00	\$1.001	\$1.001	\$1.007	\$1.007	\$1.007	\$1.001	\$1.007	\$1.007	\$1.007	

BlueChoice, Inc.  
D.C. Individual Exchange Products Rates Effective 1/1/2016  
BlueChoice Plan Level Rate Derivation - On Exchange

Plan Name	BlueChoice HMO Young Adult \$6,850	BlueChoice HMO Bronze \$6,850	BlueChoice HMO HSA Bronze \$6,000	BlueChoice HMO HSA Silver \$1,350	BlueChoice HMO Standard Bronze \$4,500	BlueChoice HMO Standard Gold \$500	BlueChoice HMO Standard Silver \$2000	HealthyBlue HMO Gold \$1,000	BlueChoice HMO Standard Platinum \$0	Overall On-Exchange
HIOS Product ID	86052DC040	86052DC040	86052DC040	86052DC040	86052DC040	86052DC040	86052DC040	86052DC040	86052DC040	
HIOS Plan ID	86052DC0400004	86052DC0400009	86052DC0400005	86052DC0400006	86052DC0400007	86052DC0400002	86052DC0400001	86052DC0400003	86052DC0400008	
Metal Level	Catastrophic	Bronze	Bronze	Silver	Bronze	Gold	Silver	Gold	Platinum	
Metallic AV	61.6%	59.0%	61.8%	70.5%	61.4%	80.2%	70.4%	78.1%	90.5%	
Index Rate (Average Allowed EHB)	\$ 372.88	\$ 372.88	\$ 372.88	\$ 372.88	\$ 372.88	\$ 372.88	\$ 372.88	\$ 372.88	\$ 372.88	\$ 372.88
Market Level Adjustments:										
Reinsurance	0.967	0.967	0.967	0.967	0.967	0.967	0.967	0.967	0.967	0.967
Risk Adjustment	1.065	1.065	1.065	1.065	1.065	1.065	1.065	1.065	1.065	1.065
Exchange User Fees	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Index Rate - Post Market Level Adj.	\$383.97	\$383.97	\$383.97	\$383.97	\$383.97	\$383.97	\$383.97	\$383.97	\$383.97	\$ 383.97
Cost-share factor	0.355	0.335	0.328	0.510	0.458	0.790	0.614	0.762	0.960	0.619
Network & UM	0.997	0.997	0.997	0.997	0.997	0.997	0.997	0.997	0.997	0.997
Non-EHB	1.015	1.012	1.012	1.009	1.009	1.007	1.008	1.007	1.006	1.009
Catastrophic Adj	0.709	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.986
Distribution & Admin Cost	1.391	1.391	1.391	1.391	1.391	1.391	1.391	1.391	1.391	1.391
Index Rate - Plan Level	\$135.91	\$180.49	\$176.90	\$274.05	\$246.24	\$423.68	\$329.43	\$408.60	\$514.29	\$329.56
Pricing AV	35.4%	47.0%	46.1%	71.4%	64.1%	110.3%	85.8%	106.4%	133.9%	
Age Calibration	0.914	0.914	0.914	0.914	0.914	0.914	0.914	0.914	0.914	0.914
Geo Calibration	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Smoking Calibration	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Base Premium	\$124.23	\$164.98	\$161.70	\$250.50	\$225.08	\$387.28	\$301.12	\$373.49	\$470.10	\$301.24
Projected Member Months	3,966	10,741	9,273	11,856	4,406	6,604	7,740	12,939	17,141	84,666
2015 Index Rate - Plan Level	\$117.27	\$200.48	\$194.98	\$258.26	\$234.82	\$343.02	\$283.74	\$352.71	\$447.47	\$297.86
% Change	15.89%	-9.97%	-9.27%	6.11%	4.86%	23.51%	16.10%	15.84%	14.93%	10.64%
2015 Base Premium	\$111.37	\$190.39	\$185.17	\$245.26	\$223.00	\$325.75	\$269.46	\$334.96	\$424.95	\$282.87
% Change	11.55%	-13.35%	-12.67%	2.14%	0.93%	18.89%	11.75%	11.50%	10.62%	6.50%

non-EHB										
Core Vision (Adult)	\$1.06	\$1.06	\$1.06	\$1.06	\$1.06	\$1.06	\$1.06	\$1.06	\$1.06	
Abortion	\$4.66	\$3.50	\$3.57	\$2.30	\$2.56	\$1.48	\$1.91	\$1.54	\$1.22	
Total	\$5.72	\$4.56	\$4.63	\$3.36	\$3.62	\$2.54	\$2.97	\$2.60	\$2.28	

BlueChoice, Inc.  
D.C. Individual Exchange Products Rates Effective 1/1/2016  
2015 Enrollment Projections by Product (BlueChoice & GHMSI)

Total Members	GF Members	PPACA Members
14,385	2,770	11,615
On Exchange	100%	11,615

% by FPL Estimate

<150%	0%
151%-200%	0%
201%-250%	2%
>250%	98%
<b>TOTAL</b>	<b>100%</b>

Metal Level	% purchased	Members Purchased	Distribution of Non-GF Membership														
			Member Months	January	February	March	April	May	June	July	August	September	October	November	December		
			60%	10%	10%	10%	10%	3.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%		
<b>TOTAL</b>	<b>100%</b>	<b>11,615</b>															
BlueChoice HMO Young Adult \$6,850	<b>370</b>	<b>370</b>	2,664	407	370	333	89	26	22	19		15	11	7	4	<b>3,966</b>	
<b>Bronze Plans</b>	<b>3,199</b>																
BluePreferred PPO Standard Bronze \$4,500	23%		6,631	1013	921	829	221	64	55	46		37	28	18	9	<b>9,873</b>	
BlueChoice HMO Bronze \$6,850	34%	<b>1,002</b>	7,214	1102	1002	902	240	70	60	50		40	30	20	10	<b>10,741</b>	
BlueChoice HMO Standard Bronze \$4,500	14%	<b>411</b>	2,959	452	411	370	99	29	25	21		16	12	8	4	<b>4,406</b>	
BlueChoice HMO HSA Bronze \$6,000	29%	<b>865</b>	6,228	952	865	779	208	61	52	43		35	26	17	9	<b>9,273</b>	
<b>Silver Plans</b>	<b>1,106</b>																
BlueChoice HMO HSA Silver \$1,350	37%	<b>957</b>	6,890	1053	957	861	230	67	57	48		38	29	19	10	<b>10,259</b>	
CSR 200-250%	6%	<b>149</b>	1,073	164	149	134	36	10	9	7		6	4	3	1	<b>1,597</b>	
CSR 150-200%	0%	<b>0</b>	-	0	0	0	0	0	0	0		0	0	0	0	<b>0</b>	
CSR 100-150%	0%	<b>0</b>	-	0	0	0	0	0	0	0		0	0	0	0	<b>0</b>	
eCross BlueShield Preferred 1600, a Multi-State PI	14%	<b>487</b>	3,506	536	487	438	117	34	29	24		19	15	10	5	<b>5,221</b>	
CSR 200-250%	1%	<b>21</b>	151	23	21	19	5	1	1	1		1	1	0	0	<b>225</b>	
CSR 150-200%	0%	<b>0</b>	-	0	0	0	0	0	0	0		0	0	0	0	<b>0</b>	
CSR 100-150%	0%	<b>0</b>	-	0	0	0	0	0	0	0		0	0	0	0	<b>0</b>	
BlueChoice HMO Standard Silver \$2000	26%	<b>663</b>	4,774	729	663	597	159	46	40	33		27	20	13	7	<b>7,107</b>	
CSR 200-250%	2%	<b>59</b>	425	65	59	53	14	4	4	3		2	2	1	1	<b>632</b>	
CSR 150-200%	0%	<b>0</b>	-	0	0	0	0	0	0	0		0	0	0	0	<b>0</b>	
CSR 100-150%	0%	<b>0</b>	-	0	0	0	0	0	0	0		0	0	0	0	<b>0</b>	
BluePreferred PPO Standard Silver \$2,000	14%	<b>487</b>	3,506	536	487	438	117	34	29	24		19	15	10	5	<b>5,221</b>	
CSR 200-250%	1%	<b>21</b>	151	23	21	19	5	1	1	1		1	1	0	0	<b>225</b>	
CSR 150-200%	0%	<b>0</b>	-	0	0	0	0	0	0	0		0	0	0	0	<b>0</b>	
CSR 100-150%	0%	<b>0</b>	-	0	0	0	0	0	0	0		0	0	0	0	<b>0</b>	
<b>Gold Plans</b>	<b>2,585</b>																
BlueChoice HMO Standard Gold \$500	26%	<b>616</b>	4,435	678	616	554	148	43	37	31		25	18	12	6	<b>6,604</b>	
ueCross BlueShield Preferred 750, a Multi-State PI	12%	<b>381</b>	2,743	419	381	343	91	27	23	19		15	11	8	4	<b>4,084</b>	
BluePreferred PPO Standard Gold \$500	12%	<b>381</b>	2,743	419	381	343	91	27	23	19		15	11	8	4	<b>4,084</b>	
HealthyBlue HMO Gold \$1,000	50%	<b>1,207</b>	8,690	1328	1207	1086	290	84	72	60		48	36	24	12	<b>12,939</b>	
<b>Platinum Plans</b>	<b>2,617</b>																
BlueChoice HMO Standard Platinum \$0	67%	<b>1,599</b>	11,513	1759	1599	1439	384	112	96	80		64	48	32	16	<b>17,141</b>	
BluePreferred PPO Standard Platinum \$0	33%	<b>1,018</b>	7,330	1120	1018	916	244	71	61	51		41	31	20	10	<b>10,913</b>	
<b>BluePreferred Subtotal</b>	<b>32.0%</b>	<b>3,717</b>	<b>26,762</b>	<b>4,089</b>	<b>3,717</b>	<b>3,345</b>	<b>892</b>	<b>260</b>	<b>223</b>	<b>186</b>		<b>149</b>	<b>112</b>	<b>74</b>	<b>37</b>	<b>39,846</b>	Member Months
<b>BlueChoice Subtotal</b>	<b>68.0%</b>	<b>7,898</b>	<b>56,866</b>	<b>8,688</b>	<b>7,898</b>	<b>7,108</b>	<b>1,896</b>	<b>553</b>	<b>474</b>	<b>395</b>		<b>316</b>	<b>237</b>	<b>158</b>	<b>79</b>	<b>84,667</b>	Member Months
<b>Grand Total</b>		<b>11,615</b>	<b>83,628</b>	<b>12,777</b>	<b>11,615</b>	<b>10,454</b>	<b>2,788</b>	<b>813</b>	<b>697</b>	<b>581</b>		<b>465</b>	<b>348</b>	<b>232</b>	<b>116</b>	<b>124,513</b>	

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**Pricing AV**

Projected EMMS	Plan Name	AV w/ Federal model	AV from internal Model	AV from internal Model	Induced Utilization (Adj. allowed per fed Model)	Induced Utilization	HSA vs Non-HSA	Network Factors	Network Factors
		(Different allowed per metal)	(Fixed allowed per metal)	All Silver at Base		Scaled	Scaled		Scaled
3,966	BlueChoice HMO Young Adult \$6,850		51.1%	51.1%	1.00	0.82	0.85	1.05	1.00
10,741	BlueChoice HMO Bronze \$6,850	59.0%	48.2%	48.2%	1.00	0.82	0.85	1.05	1.00
9,273	BlueChoice HMO HSA Bronze \$6,000	61.8%	47.2%	47.2%	1.00	0.82	0.85	1.05	1.00
10,259	BlueChoice HMO HSA Silver \$1,350	70.5%	62.6%	62.6%	1.15	0.94	0.85	1.05	1.00
1,597	CSR 200-250%	73.6%	66.1%	62.6%	1.10	0.90	1.02	1.05	1.00
4,406	BlueChoice HMO Standard Bronze \$4,500	61.4%	55.1%	55.1%	1.00	0.82	1.02	1.05	1.00
6,604	BlueChoice HMO Standard Gold \$500	80.2%	79.2%	79.2%	1.20	0.98	1.02	1.05	1.00
7,107	BlueChoice HMO Standard Silver \$2000	<b>70.4%</b>	64.4%	<b>64.4%</b>	<b>1.15</b>	<b>0.94</b>	<b>1.02</b>	<b>1.05</b>	<b>1.00</b>
632	CSR 200-250%	73.0%	66.9%	64.4%	1.10	0.90	1.02	1.05	1.00
12,939	HealthyBlue HMO Gold \$1,000	78.1%	76.3%	76.3%	1.20	0.98	1.02	1.05	1.00
17,141	BlueChoice HMO Standard Platinum \$0	90.5%	88.8%	88.8%	1.30	1.06	1.02	1.05	1.00
<b>84,666</b>			<b>67.1%</b>	<b>67.0%</b>	<b>1.14</b>	<b>0.93</b>	<b>0.95</b>	<b>1.05</b>	<b>1.00</b>
	<b>Silver Average</b>		<b>63.7%</b>						
	Fed Ave Cost-Share Subsidy on Silver		0.3%						

Support for the normalization of factors can be found on page 33.

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**

**Support for Normalization Across Individual (Ind) and Small Group (SG)**

<b>Metal Level</b>	<b>Market</b>	<b>Initial Factor</b>	<b>Projected MMs</b>	<b>Normalized Factors</b>
<b>Platinum</b>	SG & Ind	1.300	287,209	1.062
<b>Gold</b>	SG & Ind	1.200	152,762	0.980
<b>Silver</b>	SG & Ind	1.150	126,441	0.940
<b>Silver 200</b>	Ind	1.100	2,498	0.899
<b>Catastrophic</b>	Ind	1.000	4,417	0.817
<b>Bronze</b>	SG & Ind	1.000	33,636	0.817
		1.224	606,963	

<b>Network</b>	<b>Market</b>	<b>Initial Factor</b>	<b>Projected MMs</b>	<b>Normalized Factors</b>
<b>Lock In / Referral</b>	SG	1.000	82,896	0.950
<b>Open Access</b>	SG	1.050	116,160	0.997
<b>BlueChoice Open Access</b>	Ind	1.050	94,755	0.997
<b>Open Access Plus</b>	SG	1.078	81,444	1.024
<b>Open Access Opt-Out</b>	SG	1.064	93,684	1.011
<b>Open Access Advantage</b>	SG	1.066	138,024	1.013
		1.053	606,963	

	<b>Market</b>	<b>Initial Factor</b>	<b>Projected MMs</b>	<b>Normalized Factors</b>
<b>HSA/HRA</b>	SG	0.960	109,716	0.960
<b>HSA</b>	Ind	0.850	26,265	0.850
<b>Other</b>	SG & Ind		470,982	1.018

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**Catastrophic Adjustment**

Cat Age-normalized PMPM	\$	63.41
BC SRP age-normalized PMPM	\$	340.76
Member Months		3,068
Full Credibility		24,000
% Credible		36%
Cred-Adjusted Cat PMPM	\$	241.60
<b>Catastrophic Factor</b>		<b>0.709</b>



**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**Age Factor Calibration**

District of Columbia  
BlueChoice

Member Age	Member Count	Total*Age Factor	Age Rate
0-20	699	457	\$ 222.65
21	23	17	\$ 247.51
22	36	26	\$ 247.51
23	47	34	\$ 247.51
24	50	36	\$ 247.51
25	75	55	\$ 247.51
26	139	101	\$ 247.51
27	348	253	\$ 247.51
28	379	282	\$ 253.30
29	352	268	\$ 258.74
30	356	277	\$ 265.21
31	335	268	\$ 272.02
32	312	255	\$ 278.15
33	279	233	\$ 284.62
34	294	252	\$ 291.43
35	242	212	\$ 298.23
36	242	217	\$ 305.04
37	182	167	\$ 311.85
38	188	174	\$ 315.60
39	171	160	\$ 319.34
40	158	154	\$ 331.94
41	133	135	\$ 344.88
42	138	145	\$ 358.49
43	150	164	\$ 372.45
44	135	153	\$ 387.09
45	126	149	\$ 402.07
46	127	156	\$ 417.73
47	130	166	\$ 434.07
48	91	121	\$ 451.10
49	123	169	\$ 468.80
50	137	196	\$ 487.19
51	103	153	\$ 506.25
52	77	119	\$ 526.00
53	113	181	\$ 546.42
54	104	173	\$ 567.87
55	76	132	\$ 590.00
56	107	193	\$ 613.15
57	102	191	\$ 636.98
58	113	220	\$ 661.84
59	105	212	\$ 687.71
60	88	185	\$ 714.61
61	115	251	\$ 742.52
62	90	196	\$ 742.52
63	111	242	\$ 742.52
64+	291	635	\$ 742.52
<b>Grand Total</b>	<b>7,792</b>	<b>8,534</b>	

**Avg Age Factor: 1.095 = 8,534/7,792**

**\$ 372.88**

**Interpolated Age: (based on DC Age Curve) 43.03**      **Closest Age: (as an Integer, based on DC Age Curve) 43.0**

**Avg Age Factor: 1.095**      **DC Factor (matching above integer) 1.094**

Value of calibration factor - adjustment to DC Factor

**1/1.095 = 0.913**      **Calibration Factor: 1/1.094 = 0.914**

0.1%

= 0.914/0.913 - 1

# Appendix

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**

**Rating Methodology**

Rates in 2016 will be developed using a member-level build-up.

For each member in a family, that member's age and geographic factor will be multiplied together to get the composite member factor.

Once the member's composite factor is computed, they are added together to get the total factor for policy. Each family member is included in the calculation, except for families that have four or more children 20 years or younger. For these families, only the three oldest children under 21 years of age are included. All children 21 years or older are included for all families.

Note that the factors are not rounded when they are multiplied. The multiplication of a 3-digit age factor and a 3-digit geo factor result in a composite factor with 9 digits after the decimal.

After the policy's total factor is computed by summing the family members, this total factor is multiplied by the base rate. The final result is then rounded to the nearest dollar.

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**Reserve Calculation Methodology**

We use an IBNR model which is based on the most recent 36 lag months. The great majority of our IBNR is held in the first few lag months (lags 0 through 2), and the completion factors for lags 0-2 are more variable than for other lags. We use a variety of metrics for setting our Incurred Claim estimate for lags 0-2. The metrics we consider include, but are not limited to, incurred claims trend, straight paid claims, inventory levels, loss ratios, and seasonal effects.

For lags 3-35, we use an IBNR method called "Chain and Ladder" method in calculating the IBNR. For lags 36-41, we retain history to have available additional trend factors to be used in the analysis of the reserves. We assume the claims in lags 36-41 are to be 100% complete. The chain-and-ladder develops a set of completion factors based on the completion ratio experience for each product.

The Chain and Ladder model uses the most recent 6 completion ratios for a given lag duration (0 to 34) and applies a smoothing method to estimate these completion ratios. Assuming a completion factor of 1.0 for lags 35 and greater, the completion factor for lag 34 is calculated by taking the product of the estimated completion ratio and completion factor for lag 35. Completion factors for lags 33 to 0 are calculated using this method. We divide the "paid to date" dollars by these completion factors for the given lag month which in turn is used to develop an estimated total incurred amount and corresponding IBNR.

All these factors are considered together to choose an incurred dollar estimate that is consistent with the completion factors, trends, and loss ratios that we have experienced historically for the product line for which we are setting the reserve.

The claims in this experience period of data run from January 2010 and are paid through March 2014. The claims are also incurred through the same time period. All of the months are completed using the methodology described above. Please see the paid, completion factors and corresponding reserve on the next pages. But, for purposes of pricing we only consider an experience period of January 2013 with paid through March 2014 and incurred through December 2013, or an Incurred 12, Paid 15 experience period. Thus we do not include the most recent 2 months in our rating estimates since these months have a higher probability of recasting.

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**2015 DC Age Rating Factors**

Age Band	Age Factor	Age Factor %Δ
0-20	0.654	
21	0.727	11.2%
22	0.727	0.0%
23	0.727	0.0%
24	0.727	0.0%
25	0.727	0.0%
26	0.727	0.0%
27	0.727	0.0%
28	0.744	2.3%
29	0.760	2.2%
30	0.779	2.5%
31	0.799	2.6%
32	0.817	2.3%
33	0.836	2.3%
34	0.856	2.4%
35	0.876	2.3%
36	0.896	2.3%
37	0.916	2.2%
38	0.927	1.2%
39	0.938	1.2%
40	0.975	3.9%
41	1.013	3.9%
42	1.053	3.9%
43	1.094	3.9%
44	1.137	3.9%
45	1.181	3.9%
46	1.227	3.9%
47	1.275	3.9%
48	1.325	3.9%
49	1.377	3.9%
50	1.431	3.9%
51	1.487	3.9%
52	1.545	3.9%
53	1.605	3.9%
54	1.668	3.9%
55	1.733	3.9%
56	1.801	3.9%
57	1.871	3.9%
58	1.944	3.9%
59	2.020	3.9%
60	2.099	3.9%
61	2.181	3.9%
62	2.181	0.0%
63	2.181	0.0%
64+	2.181	0.0%

CareFirst BlueCross BlueShield (BlueChoice)  
D.C. Individual Exchange Products - Rates Effective 1/1/2016  
**BlueChoice D.C. Small Group & Individual Base Experience Medical Inpatient**  
Experience Period: Incurred 201301 - 201312, Paid through 201403

						Completed		Rolling 12 PMPM			Rolling 12 Trend			
Month	Contracts	Members	Allowed	Admits	Completion Factor	Allowed	Admits	Allowed	Admits/1000	Unit Cost	Allowed	Admits/1000	Unit Cost	
201204	18,927	29,947	1,352,416	118	1.00	1,352,416	118							
201205	18,931	30,011	1,566,114	128	1.00	1,566,114	128							
201206	19,349	30,670	1,372,730	124	1.00	1,372,730	124							
201207	19,464	30,872	1,854,598	134	1.00	1,854,598	134							
201208	19,823	31,386	1,532,139	138	1.00	1,532,139	138							
201209	20,064	31,742	1,860,846	137	1.00	1,860,846	137							
201210	20,264	32,044	2,021,059	144	1.00	2,021,059	144							
201211	20,841	32,962	1,096,691	123	1.00	1,096,691	123							
201212	21,164	33,424	1,388,252	129	1.00	1,388,257	129							
201301	21,705	34,343	1,923,723	150	1.00	1,923,751	150	55.47 50.98 \$13,057.48 57.87 51.16 \$13,573.95 57.96 51.31 \$13,555.02 57.53 51.37 \$13,438.32 59.65 52.21 \$13,710.49 60.31 52.89 \$13,682.87 60.39 53.30 \$13,596.89 59.74 52.88 \$13,558.58 60.95 53.57 \$13,652.22 61.97 53.53 \$13,893.15						
201302	21,744	34,392	1,674,256	162	1.00	1,674,307	162							
201303	21,951	34,732	3,797,381	155	1.00	3,797,793	155							
201304	22,199	35,135	2,580,463	146	1.00	2,580,781	146							
201305	22,328	35,161	1,900,521	155	1.00	1,900,808	155							
201306	22,753	35,868	1,497,305	148	1.00	1,497,618	148							
201307	23,068	36,380	3,035,867	186	1.00	3,036,624	186							
201308	23,547	37,237	2,153,733	187	1.00	2,154,370	187							
201309	23,813	37,625	2,248,127	177	1.00	2,249,038	177							
201310	23,796	37,653	2,085,277	154	1.00	2,086,237	154							
201311	24,074	38,221	1,927,448	171	1.00	1,928,469	171							
201312	25,031	39,843	2,226,044	156	1.00	2,227,361	156							
201401	27,206	43,465	2,681,929	194	1.00	2,684,046	194	62.41	53.62	\$13,966.90	3.8% 4.8% -0.9% -5.4% 3.2% -8.3% -6.2% 2.5% -8.5% -3.3% 2.4% -5.6% -11.2% -1.3% -10.0% -15.2% -4.2% -11.5% -14.3% -6.1% -8.7% -14.0% -5.3% -9.1% -15.3% -7.0% -9.0% -17.4% -6.6% -11.5%			
201402	27,601	44,007	2,016,284	186	1.00	2,018,082	186	61.85	53.13	\$13,970.02				
201403	27,832	44,140	2,393,464	207	1.00	2,397,152	207	57.58	53.40	\$12,939.49				
201404	28,327	44,733	1,791,283	164	1.00	1,795,065	164	54.76	52.78	\$12,449.23				
201405	29,569	45,924	2,296,617	195	1.00	2,303,650	196	54.38	52.62	\$12,401.14				
201406	29,310	45,593	2,623,980	190	1.00	2,635,972	191	55.61	52.62	\$12,680.89				
201407	29,064	45,241	2,196,737	177	0.99	2,211,084	178	52.99	51.51	\$12,345.33				
201408	29,006	45,084	1,613,197	184	0.99	1,627,750	186	51.15	50.69	\$12,109.63				
201409	28,651	44,519	2,859,479	175	0.99	2,899,674	177	51.72	50.02	\$12,408.49				
201410	28,379	44,054	2,202,003	179	0.98	2,244,952	182	51.39	50.06	\$12,319.92				
201411	28,170	43,731	2,217,395	176	0.96	2,316,488	184	51.59	49.83	\$12,424.29				
201412	27,173	42,121	1,991,670	161	0.94	2,130,069	172	51.19	49.98	\$12,290.06				
Experience														
Period	340,288	532,612	26,884,038	2,188	0.99	27,263,984	2,218							
201403	27,832	44,140										3.8%	4.8%	-0.9%
201409	28,651	44,519										-14.3%	-6.1%	-8.7%
201412	27,173	42,121										-17.4%	-6.6%	-11.5%
Avg last 6 months	28,407	44,125										-14.6%	-5.1%	-10.0%
Selected Pricing Trend												0.0%	0.0%	

CareFirst BlueCross BlueShield (BlueChoice)  
D.C. Individual Exchange Products - Rates Effective 1/1/2016  
**BlueChoice D.C. Small Group & Individual Base Experience Medical Outpatient**  
Experience Period: Incurred 201301 - 201312, Paid through 201403

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	Contracts	Members	Allowed	Visits	Completion Factor	Allowed	Visits	Allowed	Visits/1000	Unit Cost	Allowed	Visits/1000	Unit Cost
201204	18,927	29,947	1,313,869	1,315	1.00	1,313,869	1,315						
201205	18,931	30,011	1,540,705	1,503	1.00	1,540,705	1,503						
201206	19,349	30,670	1,727,753	1,416	1.00	1,727,753	1,416						
201207	19,464	30,872	1,668,475	1,499	1.00	1,668,475	1,499						
201208	19,823	31,386	1,850,484	1,525	1.00	1,850,484	1,525						
201209	20,064	31,742	1,424,277	1,451	1.00	1,424,277	1,451						
201210	20,264	32,044	1,598,230	1,542	1.00	1,598,230	1,542						
201211	20,841	32,962	1,520,991	1,431	1.00	1,520,991	1,431						
201212	21,164	33,424	1,789,951	1,500	1.00	1,789,966	1,500						
201301	21,705	34,343	1,785,586	1,649	1.00	1,785,605	1,649						
201302	21,744	34,392	1,948,992	1,537	1.00	1,949,015	1,537						
201303	21,951	34,732	1,684,821	1,599	1.00	1,685,016	1,599	51.37	557.81	\$1,105.03			
201304	22,199	35,135	1,832,813	1,704	1.00	1,833,047	1,704	52.01	562.34	\$1,109.88			
201305	22,328	35,161	2,310,575	1,762	1.00	2,310,919	1,762	53.28	562.89	\$1,135.80			
201306	22,753	35,868	1,950,434	1,636	1.00	1,950,840	1,636	53.14	562.19	\$1,134.36			
201307	23,068	36,380	2,183,432	1,666	1.00	2,183,976	1,666	53.69	559.52	\$1,151.49			
201308	23,547	37,237	1,951,020	1,607	1.00	1,951,611	1,608	53.17	553.99	\$1,151.81			
201309	23,813	37,625	1,945,312	1,650	1.00	1,946,091	1,651	53.67	551.94	\$1,166.94			
201310	23,796	37,653	2,105,169	1,787	1.00	2,106,098	1,788	54.16	551.59	\$1,178.26			
201311	24,074	38,221	2,171,249	1,711	1.00	2,172,383	1,712	55.01	552.68	\$1,194.44			
201312	25,031	39,843	2,231,152	1,684	1.00	2,232,570	1,685	55.22	549.64	\$1,205.52			
201401	27,206	43,465	2,758,525	1,916	1.00	2,760,609	1,917	56.27	545.62	\$1,237.66			
201402	27,601	44,007	2,668,594	1,848	1.00	2,670,897	1,850	56.67	542.34	\$1,253.94			
201403	27,832	44,140	2,548,671	1,897	1.00	2,552,470	1,900	57.39	539.12	\$1,277.43	11.7%	-3.4%	15.6%
201404	28,327	44,733	2,622,608	1,973	1.00	2,628,136	1,977	57.91	535.12	\$1,298.53	11.3%	-4.8%	17.0%
201405	29,569	45,924	2,709,079	2,128	1.00	2,717,172	2,134	57.46	532.45	\$1,294.95	7.8%	-5.4%	14.0%
201406	29,310	45,593	2,383,594	1,977	1.00	2,394,566	1,986	57.23	530.47	\$1,294.53	7.7%	-5.6%	14.1%
201407	29,064	45,241	2,804,256	2,025	0.99	2,822,490	2,038	57.49	530.00	\$1,301.60	7.1%	-5.3%	13.0%
201408	29,006	45,084	2,440,051	1,872	0.99	2,461,900	1,889	57.60	528.46	\$1,308.00	8.3%	-4.6%	13.6%
201409	28,651	44,519	2,325,981	1,951	0.99	2,358,777	1,979	57.63	529.03	\$1,307.29	7.4%	-4.2%	12.0%
201410	28,379	44,054	2,670,357	2,016	0.98	2,722,341	2,055	58.10	528.69	\$1,318.82	7.3%	-4.2%	11.9%
201411	28,170	43,731	2,248,135	1,734	0.96	2,350,092	1,816	57.84	525.55	\$1,320.57	5.1%	-4.9%	10.6%
201412	27,173	42,121	2,148,106	1,701	0.94	2,297,416	1,819	57.71	526.32	\$1,315.76	4.5%	-4.2%	9.1%
Experience													
Period	340,288	532,612	30,327,958	23,038	0.99	30,736,866	23,360						
201403	27,832	44,140									11.7%	-3.4%	15.6%
201409	28,651	44,519									7.4%	-4.2%	12.0%
201412	27,173	42,121									4.5%	-4.2%	9.1%
Avg last 6 months	28,407	44,125									6.6%	-4.6%	11.7%
Selected Pricing Trend												0.0%	11.0%

CareFirst BlueCross BlueShield (BlueChoice)  
D.C. Individual Exchange Products - Rates Effective 1/1/2016  
**BlueChoice D.C. Small Group & Individual Base Experience Medical Professional**  
Experience Period: Incurred 201301 - 201312, Paid through 201403

						Completed		Rolling 12 MPPM			Rolling 12 Trend					
Month	Contracts	Members	Allowed	Visits	Completion Factor	Allowed	Visits	Allowed	Visits/1000	Unit Cost	Allowed	Visits/1000	Unit Cost			
201204	18,927	29,947	2,973,560	21,248	1.00	2,973,560	21,248									
201205	18,931	30,011	3,191,235	22,686	1.00	3,191,235	22,686									
201206	19,349	30,670	3,028,133	21,842	1.00	3,028,133	21,842									
201207	19,464	30,872	3,125,376	21,279	1.00	3,125,376	21,279									
201208	19,823	31,386	3,413,945	24,039	1.00	3,413,945	24,039									
201209	20,064	31,742	3,010,507	20,820	1.00	3,010,507	20,820									
201210	20,264	32,044	3,314,635	23,254	1.00	3,314,635	23,254									
201211	20,841	32,962	3,143,901	22,557	1.00	3,143,901	22,557									
201212	21,164	33,424	3,090,699	21,899	1.00	3,090,725	21,899									
201301	21,705	34,343	3,983,879	27,122	1.00	3,983,924	27,122									
201302	21,744	34,392	3,638,582	24,369	1.00	3,638,644	24,369									
201303	21,951	34,732	3,723,854	24,797	1.00	3,724,286	24,800							102.55	8,566.04	\$143.66
201304	22,199	35,135	3,918,600	27,747	1.00	3,919,106	27,751							103.61	8,651.79	\$143.70
201305	22,328	35,161	3,895,203	26,939	1.00	3,895,794	26,943							104.04	8,668.24	\$144.03
201306	22,753	35,868	3,521,846	24,830	1.00	3,522,607	24,835							103.92	8,645.51	\$144.25
201307	23,068	36,380	3,886,391	27,140	1.00	3,887,385	27,147							104.39	8,701.44	\$143.96
201308	23,547	37,237	3,886,403	27,457	1.00	3,887,593	27,465							104.06	8,677.75	\$143.89
201309	23,813	37,625	3,816,916	27,139	1.00	3,818,480	27,150							104.52	8,737.16	\$143.56
201310	23,796	37,653	4,245,237	30,932	1.00	4,247,147	30,946							105.34	8,839.05	\$143.01
201311	24,074	38,221	3,821,434	26,790	1.00	3,823,376	26,804							105.63	8,849.45	\$143.24
201312	25,031	39,843	3,701,684	25,732	1.00	3,703,946	25,748	105.48	8,825.12	\$143.43						
201401	27,206	43,465	4,836,164	32,025	1.00	4,840,033	32,051	105.24	8,777.19	\$143.89						
201402	27,601	44,007	4,251,250	29,116	1.00	4,254,959	29,141	104.37	8,717.61	\$143.67						
201403	27,832	44,140	4,553,342	31,217	1.00	4,560,218	31,264	104.06	8,708.05	\$143.40				1.5%	1.7%	-0.2%
201404	28,327	44,733	4,802,478	32,856	1.00	4,812,722	32,926	103.84	8,662.78	\$143.84				0.2%	0.1%	0.1%
201405	29,569	45,924	4,718,405	32,869	1.00	4,732,649	32,968	103.26	8,619.62	\$143.76				-0.7%	-0.6%	-0.2%
201406	29,310	45,593	4,640,441	32,770	1.00	4,661,920	32,922	103.53	8,646.31	\$143.69				-0.4%	0.0%	-0.4%
201407	29,064	45,241	4,787,155	32,657	0.99	4,818,360	32,870	103.56	8,630.55	\$143.99				-0.8%	-0.8%	0.0%
201408	29,006	45,084	4,473,905	30,862	0.99	4,513,922	31,138	103.20	8,584.30	\$144.26				-0.8%	-1.1%	0.3%
201409	28,651	44,519	4,669,946	32,014	0.99	4,735,697	32,465	103.59	8,593.17	\$144.66				-0.9%	-1.6%	0.8%
201410	28,379	44,054	5,012,048	36,036	0.98	5,109,657	36,738	103.97	8,620.80	\$144.73				-1.3%	-2.5%	1.2%
201411	28,170	43,731	4,128,834	29,269	0.96	4,319,160	30,631	103.83	8,617.83	\$144.58				-1.7%	-2.6%	0.9%
201412	27,173	42,121	4,038,947	28,540	0.93	4,320,549	30,528	104.54	8,688.68	\$144.38				-0.9%	-1.5%	0.7%
Experience																
Period	340,288	532,612	54,912,914	380,231	0.99	55,679,844	385,641									
201403	27,832	44,140									1.5%	1.7%	-0.2%			
201409	28,651	44,519									-0.9%	-1.6%	0.8%			
201412	27,173	42,121									-0.9%	-1.5%	0.7%			
Avg last 6 months	28,407	44,125									-1.1%	-1.7%	0.6%			
Selected Pricing Trend												1.0%	3.0%			



CareFirst BlueCross BlueShield (BlueChoice)  
D.C. Individual Exchange Products - Rates Effective 1/1/2016  
**BlueChoice D.C. Small Group & Individual Base Experience Medical Other**  
Experience Period: Incurred 201301 - 201312, Paid through 201403

						Completed		Rolling 12 PMPM			Rolling 12 Trend					
Month	Contracts	Members	Allowed	Services	Completion Factor	Allowed	Services	Allowed	Services/1000	Unit Cost	Allowed	Services/1000	Unit Cost			
201204	18,927	29,947	370,650	1,425	1.00	370,650	1,425									
201205	18,931	30,011	346,626	1,464	1.00	346,626	1,464									
201206	19,349	30,670	321,803	1,422	1.00	321,803	1,422									
201207	19,464	30,872	326,660	1,337	1.00	326,660	1,337									
201208	19,823	31,386	313,759	1,319	1.00	313,759	1,319									
201209	20,064	31,742	377,954	1,552	1.00	377,954	1,552									
201210	20,264	32,044	397,861	1,732	1.00	397,861	1,732									
201211	20,841	32,962	398,450	1,582	1.00	398,450	1,582									
201212	21,164	33,424	345,256	1,484	1.00	345,259	1,484									
201301	21,705	34,343	525,748	2,033	1.00	525,755	2,033									
201302	21,744	34,392	542,721	1,752	1.00	542,732	1,752									
201303	21,951	34,732	458,964	1,678	1.00	459,018	1,678							12.23	583.05	\$251.68
201304	22,199	35,135	385,163	1,827	1.00	385,213	1,827							12.10	587.65	\$247.16
201305	22,328	35,161	432,784	1,830	1.00	432,854	1,830							12.16	591.10	\$246.94
201306	22,753	35,868	422,268	1,864	1.00	422,358	1,864							12.26	596.66	\$246.50
201307	23,068	36,380	480,741	1,908	1.00	480,870	1,908							12.47	605.42	\$247.15
201308	23,547	37,237	494,712	1,987	1.00	494,865	1,988							12.73	616.26	\$247.90
201309	23,813	37,625	487,080	1,860	1.00	487,283	1,861							12.81	616.45	\$249.42
201310	23,796	37,653	553,898	2,085	1.00	554,156	2,086							13.01	618.30	\$252.53
201311	24,074	38,221	427,481	1,744	1.00	427,694	1,745							12.92	615.29	\$251.99
201312	25,031	39,843	511,574	1,633	1.00	511,909	1,634							13.11	610.36	\$257.79
201401	27,206	43,465	470,962	1,925	1.00	471,343	1,926	12.72	595.00	\$256.58						
201402	27,601	44,007	440,635	2,068	1.00	441,025	2,070	12.23	590.80	\$248.41						
201403	27,832	44,140	538,580	2,523	1.00	539,406	2,527	12.16	600.75	\$242.80				-0.6%	3.0%	-3.5%
201404	28,327	44,733	505,364	2,402	1.00	506,460	2,407	12.16	603.26	\$241.98				0.5%	2.7%	-2.1%
201405	29,569	45,924	620,523	2,617	1.00	622,408	2,625	12.29	609.53	\$241.88				1.0%	3.1%	-2.1%
201406	29,310	45,593	637,259	2,487	1.00	640,247	2,498	12.48	612.92	\$244.43				1.9%	2.7%	-0.8%
201407	29,064	45,241	656,490	3,006	0.99	660,790	3,025	12.62	628.75	\$240.90				1.2%	3.9%	-2.5%
201408	29,006	45,084	679,536	3,045	0.99	685,615	3,072	12.80	644.54	\$238.34				0.6%	4.6%	-3.9%
201409	28,651	44,519	555,113	2,736	0.99	562,967	2,774	12.78	657.11	\$233.34				-0.3%	6.6%	-6.5%
201410	28,379	44,054	530,641	3,301	0.98	540,993	3,366	12.60	678.36	\$222.82				-3.2%	9.7%	-11.8%
201411	28,170	43,731	595,948	2,729	0.96	623,424	2,872	12.83	696.83	\$221.02				-0.7%	13.3%	-12.3%
201412	27,173	42,121	546,154	3,029	0.93	584,243	3,244	12.92	730.12	\$212.27				-1.5%	19.6%	-17.7%
Experience																
Period	340,288	532,612	6,777,204	31,868	0.99	6,878,923	32,406									
201403	27,832	44,140									-0.6%	3.0%	-3.5%			
201409	28,651	44,519									-0.3%	6.6%	-6.5%			
201412	27,173	42,121									-1.5%	19.6%	-17.7%			
Avg last 6 months	28,407	44,125									-0.6%	9.6%	-9.1%			
Selected Pricing Trend												8.0%	0.0%			

CareFirst BlueCross BlueShield (BlueChoice)  
D.C. Individual Exchange Products - Rates Effective 1/1/2016  
**BlueChoice D.C. Small Group & Individual Base Experience Rx**  
Experience Period: Incurred 201301 - 201312, Paid through 201403

						Completed		Rolling 12 PMPM			Rolling 12 Trend					
Month	Contracts	Members	Allowed	Scripts	Completion Factor	Allowed	Scripts	Allowed	Scripts/1000	Unit Cost	Allowed	Scripts/1000	Unit Cost			
201204	18,927	29,947	2,323,500	20,912	1.00	2,323,500	20,912									
201205	18,931	30,011	2,408,033	21,595	1.00	2,408,033	21,595									
201206	19,349	30,670	2,286,624	20,568	1.00	2,286,624	20,568									
201207	19,464	30,872	2,367,272	21,193	1.00	2,367,272	21,193									
201208	19,823	31,386	2,377,507	21,756	1.00	2,377,507	21,756									
201209	20,064	31,742	2,238,116	20,677	1.00	2,238,116	20,677									
201210	20,264	32,044	2,446,647	22,322	1.00	2,446,647	22,322									
201211	20,841	32,962	2,563,370	22,730	1.00	2,563,370	22,730									
201212	21,164	33,424	2,472,120	23,371	1.00	2,472,120	23,371									
201301	21,705	34,343	2,878,916	25,750	1.00	2,878,916	25,750									
201302	21,744	34,392	2,530,130	23,080	1.00	2,530,130	23,080									
201303	21,951	34,732	2,777,080	24,125	1.00	2,777,080	24,125							76.76	8,322.74	\$110.67
201304	22,199	35,135	2,768,917	25,164	1.00	2,768,917	25,164							76.88	8,342.77	\$110.58
201305	22,328	35,161	3,033,995	25,222	1.00	3,033,995	25,222							77.46	8,344.18	\$111.40
201306	22,753	35,868	2,800,449	24,033	1.00	2,800,449	24,033							77.74	8,339.72	\$111.85
201307	23,068	36,380	3,004,084	25,434	1.00	3,004,084	25,434							78.25	8,351.88	\$112.43
201308	23,547	37,237	3,225,415	25,331	1.00	3,225,415	25,331							79.19	8,337.45	\$113.98
201309	23,813	37,625	2,989,669	24,620	1.00	2,989,669	24,620							79.87	8,333.32	\$115.02
201310	23,796	37,653	3,381,249	26,473	1.00	3,381,249	26,473							81.02	8,340.54	\$116.56
201311	24,074	38,221	3,186,695	25,216	1.00	3,186,695	25,216							81.48	8,307.92	\$117.68
201312	25,031	39,843	3,474,844	26,991	1.00	3,474,844	26,991							82.58	8,285.27	\$119.60
201401	27,206	43,465	3,340,884	28,993	1.00	3,340,884	28,993	81.92	8,203.02	\$119.84						
201402	27,601	44,007	3,102,320	27,237	1.00	3,102,320	27,237	81.45	8,139.35	\$120.08						
201403	27,832	44,140	3,508,710	29,929	1.00	3,508,710	29,929	81.37	8,124.45	\$120.19				6.0%	-2.4%	8.6%
201404	28,327	44,733	3,575,345	31,107	1.00	3,575,345	31,107	81.43	8,110.40	\$120.48				5.9%	-2.8%	8.9%
201405	29,569	45,924	3,524,435	31,103	1.00	3,524,435	31,103	80.63	8,075.94	\$119.81				4.1%	-3.2%	7.6%
201406	29,310	45,593	3,544,630	30,293	1.00	3,544,630	30,293	80.55	8,069.03	\$119.79				3.6%	-3.2%	7.1%
201407	29,064	45,241	3,783,011	30,440	1.00	3,783,011	30,440	80.68	8,046.34	\$120.32				3.1%	-3.7%	7.0%
201408	29,006	45,084	3,482,417	29,452	1.00	3,482,417	29,452	79.95	8,019.58	\$119.62				1.0%	-3.8%	5.0%
201409	28,651	44,519	3,436,039	29,181	1.00	3,436,039	29,181	79.74	8,018.51	\$119.34				-0.2%	-3.8%	3.8%
201410	28,379	44,054	3,684,045	30,501	1.00	3,684,045	30,501	79.35	8,012.81	\$118.83				-2.1%	-3.9%	1.9%
201411	28,170	43,731	3,187,891	27,893	1.00	3,187,891	27,893	78.53	7,990.13	\$117.93				-3.6%	-3.8%	0.2%
201412	27,173	42,121	3,446,524	29,483	1.00	3,446,524	29,483	78.14	8,012.11	\$117.03				-5.4%	-3.3%	-2.1%
Experience																
Period	340,288	532,612	41,616,251	355,612	1.00	41,616,251	355,612									
201403	27,832	44,140									6.0%	-2.4%	8.6%			
201409	28,651	44,519									-0.2%	-3.8%	3.8%			
201412	27,173	42,121									-5.4%	-3.3%	-2.1%			
Avg last 6 months	28,407	44,125									-1.2%	-3.7%	2.6%			
Selected Pricing Trend												0.0%	13.0%			

CareFirst BlueCross BlueShield (BlueChoice)  
D.C. Individual Exchange Products - Rates Effective 1/1/2016  
**BlueChoice D.C. Small Group & Individual Base Experience Medical and Rx Total**  
Experience Period: Incurred 201301 - 201312, Paid through 201403

Month	Contracts	Members	Allowed	Completion Factor	Completed	Rolling 12 PMPM	Rolling 12 Trend		
					Allowed	Allowed	Allowed	Services/1000	Unit Cost
201204	18,927	29,947	8,333,994	1.00	8,333,994				
201205	18,931	30,011	9,052,712	1.00	9,052,712				
201206	19,349	30,670	8,737,043	1.00	8,737,043				
201207	19,464	30,872	9,342,380	1.00	9,342,380				
201208	19,823	31,386	9,487,834	1.00	9,487,834				
201209	20,064	31,742	8,911,700	1.00	8,911,700				
201210	20,264	32,044	9,778,431	1.00	9,778,431				
201211	20,841	32,962	8,723,403	1.00	8,723,403				
201212	21,164	33,424	9,086,278	1.00	9,086,327				
201301	21,705	34,343	11,097,851	1.00	11,097,951				
201302	21,744	34,392	10,334,681	1.00	10,334,828				
201303	21,951	34,732	12,442,101	1.00	12,443,193	298.38			
201304	22,199	35,135	11,485,956	1.00	11,487,064	302.47			
201305	22,328	35,161	11,573,078	1.00	11,574,371	304.90			
201306	22,753	35,868	10,192,302	1.00	10,193,871	304.58			
201307	23,068	36,380	12,590,515	1.00	12,592,940	308.44			
201308	23,547	37,237	11,711,283	1.00	11,713,853	309.46			
201309	23,813	37,625	11,487,103	1.00	11,490,560	311.27			
201310	23,796	37,653	12,370,829	1.00	12,374,887	313.27			
201311	24,074	38,221	11,534,306	1.00	11,538,617	315.99			
201312	25,031	39,843	12,145,299	1.00	12,150,629	318.36			
201401	27,206	43,465	14,088,463	1.00	14,096,915	318.57			
201402	27,601	44,007	12,479,083	1.00	12,487,283	316.57			
201403	27,832	44,140	13,542,768	1.00	13,557,956	312.56	4.8%		
201404	28,327	44,733	13,297,077	1.00	13,317,729	310.10	2.5%		
201405	29,569	45,924	13,869,059	1.00	13,900,315	308.01	1.0%		
201406	29,310	45,593	13,829,903	1.00	13,877,335	309.40	1.6%		
201407	29,064	45,241	14,227,650	1.00	14,295,735	307.34	-0.4%		
201408	29,006	45,084	12,689,107	0.99	12,771,604	304.69	-1.5%		
201409	28,651	44,519	13,846,557	0.99	13,993,153	305.47	-1.9%		
201410	28,379	44,054	14,099,093	0.99	14,301,987	305.42	-2.5%		
201411	28,170	43,731	12,378,203	0.97	12,797,056	304.62	-3.6%		
201412	27,173	42,121	12,171,401	0.95	12,778,801	304.49	-4.4%		

Experience Period      **340,288**    **532,612**    **160,518,365**      **0.99**    **162,175,869**

201403	27,832	44,140		4.8%	0.0%	0.0%
201409	28,651	44,519		-1.9%	0.0%	0.0%
201412	27,173	42,121		-4.4%	0.0%	0.0%
Avg last 6 months	28,407	44,125		-2.4%	#DIV/0!	#DIV/0!

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**

**DC Combined - Small Group & Individual Capitations**

<u>Description</u>	<u>1/1/14 PMPM</u>	<u>1/1/15 PMPM</u>	<u>1/1/16 PMPM</u>
Mental Health UR	\$0.94	\$0.60	\$0.51
Nurse Hotline	\$0.04	\$0.04	\$0.05
Wellness*	\$0.25	\$0.25	\$0.25
Embedded Pediatric Vision **	\$0.26	\$0.26	\$0.26
Embedded Adult Vision ***	\$1.41	\$1.16	\$1.10
<b>TOTAL:</b>	<b>\$2.90</b>	<b>\$2.32</b>	<b>\$2.17</b>

\*The total Capitation for Wellness is \$0.26, but only applies to members age 18+.

\*\*Only applies to members age 19 and under.

\*\*\*Ind64- only and only applies to members over the age of 19.

**BlueChoice, Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**D.C. Individual Exchange Products**  
**Rates Effective 1/1/2016**  
**Non-Grandfathered Experience for Pre-ACA Plans**

**Existing Products Included in Experience Period**

<b>HIOS Product ID</b>	<b>HIOS Product Name</b>	<b>Contracts, as of 12/31/2014</b>	<b>Member Months</b>	<b>Total Premium</b>	<b>Total Allowed Claims</b>	<b>Incurred Claims*</b>
86052DC002	BlueChoice HMO Saver	0	135	\$ 24,331	\$ 10,174	\$ 8,103
86052DC004	BlueChoice HMO Open Enrollment	1	7,804	\$ 2,476,380	\$ 5,687,166	\$ 5,241,528
86052DC005	BlueChoice HMO HIPAA	0	130	\$ 84,316	\$ 76,328	\$ 67,131
86052DC006	HealthyBlue Triple Option	0	545	\$ 128,534	\$ 94,125	\$ 70,725
86052DC007	HealthyBlue Dual Option HSA	0	20	\$ 3,386	\$ 432	\$ -
86052DC020	BlueChoice HMO Standard	0	306	\$ 89,134	\$ 39,114	\$ 32,836
86052DC021	BlueChoice HMO HSA	1	330	\$ 44,131	\$ 278,880	\$ 257,794
86052DC022	HealthyBlue 2.0	0	7,935	\$ 1,488,000	\$ 1,470,818	\$ 1,142,834
86052DC029	BlueChoice Group Conversion	0	18	\$ 6,866	\$ 162	\$ 122
86052DC034	HealthyBlue Advantage HSA	0	1,800	\$ 239,640	\$ 200,382	\$ 107,294
<b>Total</b>		<b>2</b>	<b>19,023</b>	<b>\$ 4,584,718</b>	<b>\$ 7,857,580</b>	<b>\$ 6,928,366</b>

\*These amounts do not include pharmacy rebates or capitations

**BlueChoice, Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**D.C. Individual Exchange Products**  
**Rates Effective 1/1/2016**  
**Non-Grandfathered Experience for ACA Plans**

**Existing Products Included in Experience Period**

2015 HIOS Plan ID	2015 HIOS Plan Name	2016 HIOS Plan ID*	2016 HIOS Plan Name	On/Off Exchange	Contrarcts, as of 12/31/2014	Member Months	Total Premium	Total Allowed Claims **	Incurred Claims**
86052DC0400004	BlueChoice Young Adult \$6,600	86052DC0400004	BlueChoice HMO Young Adult \$6,850	On	356	3,068	\$ 216,181	\$ 126,576	\$ 51,858
86052DC0410002	BlueChoice HSA Bronze \$6,000	86052DC0400005	BlueChoice HMO HSA Bronze \$6,000	On	694	6,644	\$ 1,232,562	\$ 862,968	\$ 486,889
86052DC0410001	BlueChoice HSA Bronze \$4,000				830	7,739	\$ 1,516,979	\$ 974,762	\$ 460,754
86052DC0410003	BlueChoice HSA Silver \$1,300 Base	86052DC0400006	BlueChoice HMO HSA Silver \$1,350 Base	On	781	6,148	\$ 1,621,511	\$ 1,809,938	\$ 1,300,993
86052DC0410003	BlueChoice HSA Silver \$1,300 94%	86052DC0400006	BlueChoice HMO HSA Silver \$1,350 94%	On	30	242	\$ 71,941	\$ 162,989	\$ 126,252
86052DC0410003	BlueChoice HSA Silver \$1,300 87%	86052DC0400006	BlueChoice HMO HSA Silver \$1,350 87%	On	31	289	\$ 80,531	\$ 20,354	\$ 8,478
86052DC0410003	BlueChoice HSA Silver \$1,300 73%	86052DC0400006	BlueChoice HMO HSA Silver \$1,350 73%	On	67	901	\$ 295,183	\$ 173,710	\$ 89,282
86052DC0420001	BlueChoice Plus Bronze \$5,500	86052DC0400007	BlueChoice HMO Standard Bronze \$4,500	On	324	2,493	\$ 547,510	\$ 324,716	\$ 162,427
86052DC0400002	BlueChoice Gold \$0	86052DC0400002	BlueChoice HMO Standard Gold \$500	On	519	3,298	\$ 1,065,988	\$ 1,226,927	\$ 932,733
86052DC0400001	BlueChoice Silver \$2,000 Base	86052DC0400001	BlueChoice HMO Standard Silver \$2000 Base	On	306	2,719	\$ 676,973	\$ 322,825	\$ 159,028
86052DC0420002	BlueChoice Plus Silver \$2,500 Base				254	1,790	\$ 540,489	\$ 414,076	\$ 252,147
86052DC0400001	BlueChoice Silver \$2,000 94%	86052DC0400001	BlueChoice HMO Standard Silver \$2000 94%	On	15	115	\$ 32,229	\$ 8,839	\$ 3,072
86052DC0420002	BlueChoice Plus Silver \$2,500 94%				4	25	\$ 8,056	\$ 2,807	\$ 324
86052DC0400001	BlueChoice Silver \$2,000 87%	86052DC0400001	BlueChoice HMO Standard Silver \$2000 87%	On	65	65	\$ 18,896	\$ 10,964	\$ 3,419
86052DC0420002	BlueChoice Plus Silver \$2,500 87%				3	35	\$ 11,648	\$ 7,792	\$ 1,771
86052DC0400001	BlueChoice Silver \$2,000 73%	86052DC0400001	BlueChoice HMO Standard Silver \$2000 73%	On	18	263	\$ 84,611	\$ 93,557	\$ 63,471
86052DC0420002	BlueChoice Plus Silver \$2,500 73%				10	128	\$ 47,821	\$ 31,514	\$ 20,741
86052DC0400003	BlueChoice Gold \$1,000	86052DC0400003	HealthyBlue HMO Gold \$1,000	On	479	5,548	\$ 1,623,720	\$ 1,649,396	\$ 1,221,447
86052DC0430001	HealthyBlue Gold \$1,500				465	3,523	\$ 1,158,464	\$ 1,484,325	\$ 1,243,730
86052DC0430002	HealthyBlue Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	1,242	12,451	\$ 4,634,203	\$ 8,083,121	\$ 7,196,928
New	New	86052DC0400009	BlueChoice HMO Bronze \$6,850	On	-	-	\$ -	\$ -	\$ -
<b>Total</b>					<b>6,432</b>	<b>57,484</b>	<b>\$ 15,485,497</b>	<b>\$ 17,792,154</b>	<b>\$ 13,785,744</b>

\*Experience for mapped plans will be listed in the URRT under this HIOS Plan ID

\*\*These amounts do not include pharmacy rebates or capitations

**BlueChoice, Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 96202)**

**D.C. Individual Exchange Products  
Rates Effective 1/1/2016**

**Actuarial Value Calculations**

**BlueChoice, Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**D.C. Individual Exchange Products**  
**Actuarial Value Calculations**  
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BlueChoice HMO Standard Bronze \$4,500	14
BlueChoice HMO Standard Gold \$500	15
BlueChoice HMO Standard Silver \$2000	16
BlueChoice HMO Standard Silver 133-150% FPL	17
BlueChoice HMO Standard Silver 150-200% FPL	18
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HealthyBlue HMO Gold \$1,000	20 - 21
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# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☐  
 Apply Skilled Nursing Facility Copay per Day? ☐  
 Use Separate OOP Maximum for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR Standard? ☐  
 Desired Metal Tier

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			
			Combined
Deductible (\$)	\$50.00	\$50.00	\$6,850.00
Coinsurance (% , Insurer's Cost Share)	70.00%	70.00%	100.00%
OOP Maximum (\$)	\$2,250.00		\$6,850.00
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input checked="" type="checkbox"/>
# Copays (1-10):	3

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.60%

Bronze

# User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier: Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			
			Combined
Deductible (\$)	\$1,400.00	\$150.00	\$6,850.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	100.00%
OOP Maximum (\$)	\$6,850.00		\$6,850.00
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

59.02%

Bronze

# User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
☐ Desired Metal Tier

Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
			Combined
Deductible (\$)	\$1,400.00	\$150.00	\$6,000.00
Coinurance (% , Insurer's Cost Share)	100.00%	100.00%	100.00%
OOP Maximum (\$)	\$6,850.00		\$6,000.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.75%

Bronze

# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☐

Desired Metal Tier Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
			Combined
Deductible (\$)	\$1,000.00	\$150.00	\$1,350.00
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	100.00%
OOP Maximum (\$)	\$4,500.00		\$6,550.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$150.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,500.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$130.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$130.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	89%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	89%			
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%			
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$165.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.76%

Silver

# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☐
- Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
			Combined
Deductible (\$)	\$1,000.00	\$150.00	\$1,350.00
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	100.00%
OOP Maximum (\$)	\$4,500.00		\$6,550.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$150.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,500.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	84%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	84%			
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%			
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$165.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.85%

Silver

# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☐  
 Use Separate OOP Maximum for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR Standard? ☒

Desired Metal Tier Platinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,250.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design	
	Medical	Drug

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	97%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	97%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

92.66%

# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☒

Desired Metal Tier Platinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,250.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design	
	Medical	Drug

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	99%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	97%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

96.18%

# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☒

Desired Metal Tier Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,250.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design	
	Medical	Drug

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

85.41%



# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☒
- Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,250.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design	
	Medical	Drug

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

89.36%

# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☐  
 Use Separate OOP Maximum for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR Standard? ☒  
 Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80% 2nd Tier Utilization: 20%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,000.00
Coinurance (% Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$5,450.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>				
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$130.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	89%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.

72.48%

Silver

# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☒

Desired Metal Tier Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

Tier 1 Plan Benefit Design			
Medical	Drug	Combined	
Deductible (\$)		\$1,000.00	
Coinsurance (%; Insurer's Cost Share)		100.00%	
OOP Maximum (\$)		\$5,450.00	
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>				
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	84%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

75.80%

## User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input type="checkbox"/>	<div>HSA/HRA</div> <div>Annual Deductible</div>
Apply Inpatient Copay per Day?	<input type="checkbox"/>	
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>	
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>	
Desired Metal Tier	Bronze	

	Tier 1 Plan Parameters	
Deductible (\$)	\$4,500.00	\$2,500.00
Coinsurance (% , Insurer's Cost Share)	80.00%	50.00%
OOP Maximum (\$)	\$6,850.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	Subject to Deductible?	Subject to Coinsurance?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	

Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of <input type="checkbox"/>
Copays?
# Copays (1-10):

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.36%
Metal Tier:	Bronze
	Calculation Successful.
	61.36%
	Bronze





	Tier 1	Tier 2
Copay, if separate	Copay applies only after deductible?	
	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/> All	<input type="checkbox"/> All
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>





## User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input type="checkbox"/>	<div>HSA/HRA</div> <div>Annual Deductible</div>
Apply Inpatient Copay per Day?	<input checked="" type="checkbox"/>	
Apply Skilled Nursing Facility Copay per Day?	<input checked="" type="checkbox"/>	
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>	
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>	
Desired Metal Tier	Gold	

Tier 1 Plan Parameters		
	Medical	Pharmacy
Deductible (\$)	\$500.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$3,500.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	Subject to Deductible?	Subject to Coinsurance?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/>
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5

Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of <input type="checkbox"/>
Copays?
# Copays (1-10):

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	80.25%
Metal Tier:	Gold

Calculation Successful.  
80.25%  
Gold

HSA/HRA Options	Narrow Network Options
HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80% 2nd Tier Utilization: 20%

Benefit Design	
	Combined
0.00	
0.00%	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1			Tier 2			
Subject to Insurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		







## User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input type="checkbox"/>	<div>HSA/HRA</div> <div>Annual Deductible</div>
Apply Inpatient Copay per Day?	<input checked="" type="checkbox"/>	
Apply Skilled Nursing Facility Copay per Day?	<input checked="" type="checkbox"/>	
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>	
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>	
Desired Metal Tier	Silver	

Tier 1 Plan		
	Medical	Pharmacy
Deductible (\$)	\$2,000.00	\$2,000.00
Coinsurance (% , Insurer's Cost Share)	80.00%	80.00%
OOP Maximum (\$)	\$6,250.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	Subject to Deductible?	Subject to Coinsurance?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	



Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of <input type="checkbox"/>
Copays?
# Copays (1-10):

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.38%
Metal Tier:	Silver

Calculation Successful.
70.38%
Silver

HSA/HRA Options	Narrow Network Options
HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80% 2nd Tier Utilization: 20%

Benefit Design	
	Combined
\$250.00	
0.00%	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1			Tier 2			
Subject to Deductible?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	C
<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		



	Tier 1	Tier 2
Copay, if separate	Copay applies only after deductible?	
	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/> All	<input type="checkbox"/> All
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>



## User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input type="checkbox"/>	<div>HSA/HRA Emp</div> <div>Annual Cont</div>
Apply Inpatient Copay per Day?	<input type="checkbox"/>	
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>	
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>	
Desired Metal Tier	Platinum <input type="button" value="v"/>	

Tier 1 Plan Benefit		
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	95.00%	100.00%
OOP Maximum (\$)	\$2,250.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	Subject to Deductible?	Subject to Coinsurance?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	

Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of <input type="checkbox"/>
Copays?
# Copays (1-10):

**Output**

Calculate

Status/Error Messages:	CSR Level of 94% (100-150% FPL)
Actuarial Value:	93.93%
Metal Tier:	Platinum
	CSR Level of 94% (100-150% FPL),
	93.93%
	Platinum

HSA/HRA Options	Narrow Network Options
Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

Design	Tier 2 Plan Benefit Design		
<input type="checkbox"/> Combined	Medical	Drug	Combined

Tier 1			Tier 2			
?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		90%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		



.), Calculation Successful.

Med Ded	\$0.00
Rx Ded	\$0.00
OOP Max	\$2,250.00

Tier 1	Tier 2
Copay applies only after deductible?	
<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> All	<input type="checkbox"/> All
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Enter OP  
Copays  
\$ -  
\$ -



## User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input type="checkbox"/>	<div>HSA/HRA Emp</div> <div>Annual Cont</div>
Apply Inpatient Copay per Day?	<input type="checkbox"/>	
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>	
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>	
Desired Metal Tier	Gold <input type="button" value="v"/>	

Tier 1 Plan Benefit		
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	80.00%	100.00%
OOP Maximum (\$)	\$2,250.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	Subject to Deductible?	Subject to Coinsurance?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	

Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of <input type="checkbox"/>
Copays?
# Copays (1-10):

**Output**

Calculate

Status/Error Messages:	CSR Level of 87% (150-200% FPL)
Actuarial Value:	86.92%
Metal Tier:	Gold
	CSR Level of 87% (150-200% FPL),
	86.92%
	Gold

HSA/HRA Options	Narrow Network Options
Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

Design
Combined

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1			Tier 2				
	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	
			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			
		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			
		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			
		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		80%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

.), Calculation Successful.

Med Ded	\$0.00
Rx Ded	\$0.00
OOP Max	\$2,250.00

Tier 1	Tier 2
Copay applies only after deductible?	
<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> All	<input type="checkbox"/> All
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Enter OP

Copays

\$ -

\$ -





## User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input type="checkbox"/>	
Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Emp
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Cont
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>	
Indicate if Plan Meets CSR Standard?	<input checked="" type="checkbox"/>	
Desired Metal Tier	Silver	

Tier 1 Plan Benefit		
Deductible (\$)	\$1,250.00	\$250.00
Coinsurance (% , Insurer's Cost Share)	80.00%	100.00%
OOP Maximum (\$)	\$5,450.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	Subject to Deductible?	Subject to Coinsurance?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	

Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of <input type="checkbox"/>
Copays?
# Copays (1-10):

**Output**

Calculate

Status/Error Messages:	CSR Level of 73% (200-250% FPL)
Actuarial Value:	73.03%
Metal Tier:	Silver
	CSR Level of 73% (200-250% FPL),
	73.03%
	Silver

HSA/HRA Options	Narrow Network Options
Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

Design
Combined

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1			Tier 2			
?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		80%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

.), Calculation Successful.

Med Ded	\$1,250.00
Rx Ded	\$250.00
OOP Max	\$5,450.00

Tier 1	Tier 2
Copay applies only after deductible?	
<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> All	<input type="checkbox"/> All
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Enter OP  
Copays  
\$ -  
\$ -



# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐  
Apply Inpatient Copay per Day? ☒  
Apply Skilled Nursing Facility Copay per Day? ☐  
Use Separate OOP Maximum for Medical and Drug Spending? ☐  
Indicate if Plan Meets CSR Standard? ☐  
Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
			Combined
Deductible (\$)	\$1,000.00	\$150.00	\$0.00
Coinurance (%; Insurer's Cost Share)	100.00%	100.00%	100.00%
OOP Maximum (\$)	\$4,500.00		\$4,000.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$150.00	
Coinurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,500.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	91%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	91%			
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%			
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.

77.07%



# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☐
- Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

	Tier 1 Plan Benefit Design		
			Combined
Deductible (\$)	\$1,000.00	\$150.00	\$0.00
Coinurance (% Insurer's Cost Share)	100.00%	100.00%	100.00%
OOP Maximum (\$)	\$4,500.00		\$4,000.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$150.00	
Coinurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,500.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	84%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	84%			
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	85%			
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

80.27%

Gold

## User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input type="checkbox"/>	<div>HSA/HRA</div> <div>Annual Deductible</div>
Apply Inpatient Copay per Day?	<input checked="" type="checkbox"/>	
Apply Skilled Nursing Facility Copay per Day?	<input checked="" type="checkbox"/>	
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>	
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>	
Desired Metal Tier	Platinum <input type="button" value="v"/>	

Tier 1 Plan Parameters		
	Medical	Pharmacy
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$2,000.00	
OOP Maximum if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Subject to Deductible?	Subject to Coinsurance?
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/>
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5

Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of	<input type="checkbox"/>
Copays?	
# Copays (1-10):	

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	90.48%
Metal Tier:	Platinum

Calculation Successful.  
90.48%  
Platinum

HSA/HRA Options	Narrow Network Options
RA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
ual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

Benefit Design	
	Combined
0.00	
0.00%	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Tier 1			Tier 2			
Subject to Insurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		



	Tier 1	Tier 2
Copay, if separate	Copay applies only after deductible?	
	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/> All	<input type="checkbox"/> All
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Enter OP  
Copays  
\$ 250



**CAREFIRST BLUECROSS BLUESHIELD**  
**PART III ACTUARIAL MEMORANDUM (AM)**

**1. REDACTED (AM):** CareFirst (CF) is making no redactions so both actuarial memoranda (AM) are the same.

**2. GENERAL INFORMATION:**

- A. **Company Legal Name:** BlueChoice, Inc. (NAIC # 96202) (CFBC)
- B. **State:** District of Columbia
- C. **HIOS Issuer ID:** 86052
- D. **Market:** Individual, Non-Medigap (INM) – On Exchange
- E. **Effective Date:** 1/1/16 – 12/31/16
- F. **Primary Contact Name:** Mr. Brad Boban, A.S.A., M.A.A.A.
- G. **Primary Contact Telephone Number:** 410-998-6230
- H. **Primary Contact E-Mail Address:** Brad.Boban@CareFirst.com

**3. PROPOSED RATE INCREASE(S):** CFBC is proposing to raise premiums by 6.5% on average, prior to age band changes. Without risk adjustment, this CFBC renewal would have been 0.0%. (For CF's Individual business (Group Hospitalization and Medical Services, Inc (GHMSI) and CFBC) the proposed average renewal is 9.0%.) Without a merged index rate, this 9.0% renewal would have been approximately 24% due to the dominance of the small group (SG) business (with typically higher index rate than INM products) in the merged pool. Merging had the effect of raising average CF (including HMO products) SG renewals by ~3% and reducing INM renewals by ~15%. For renewing customers, an age band change adds 2.6% to the renewal, on average, with a range of 0.0% to 3.9% for ages 22 and upwards per the D.C. age curve. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans.

**Reason for Rate Increase(s):** The main driver of the 2016 rate increase is the actual claims experience of the 2014 merged single risk pool (SRP) for individual and small group that documents a morbidity risk factor that is higher than assumed in the approved 2015 rates. An analysis of the membership composition as of February 2015 indicates that the percentage of the pool that was previously underwritten has declined significantly. Additionally, the morbidity of the new small groups, size 51-100 that migrate to the small group pool is projected to be higher than the morbidity of existing small groups. Both of these shifts in the enrollment composition produce a morbidity estimate that is materially higher than the 2014 actual morbidity risk factor and the 2015 rate filing assumption. Section 4.3 below explains the impact of the shift in enrollment composition.

An additional significant driver of the proposed BlueChoice increase is a material projected risk adjustment receipt of materially higher premium, driven by the relative low morbidity of BlueChoice compared to the DC Individual marketplace, per the Wakely risk adjustment model.

Secondary drivers are medical cost and utilization trends (an aggregate +7.0% per year), the lower anticipated payments from the federal reinsurance program, and an increase in contribution to reserve target.

The expected rate changes vary from -13.3% to 18.9% for 2016 renewals in this filing (prior to any impact of age band changes). This range is driven by the impact of changes in member cost sharing resulting from the mapping of 2015 plans to our proposed 2016 plans, by the adoption of an internal induced utilization curve in lieu of the federal one, and an updated internal pricing model.

**4. MARKET EXPERIENCE (Individual and Small Group Combined):**

**4.1 EXPERIENCE PERIOD PREMIUM AND CLAIMS:** The incurred period is 1/1/14 through 12/31/14, as required. There are no anticipated MLR rebates in the experience period. Allowed claims have been



developed by combining paid claims with member cost-sharing amounts as well as federal CSR amounts.

**Paid Through Date:** 2/28/15

**Premiums (Net of MLR Rebate) in Experience Period:** \$182,666,488 (Merged)

**Allowed and Incurred Claims From Experience Period:** \$159,874,493 (Merged Index Rate)

#### 4.2 BENEFIT CATEGORIES:

- A. Inpatient Hospital
- B. Outpatient Hospital
- C. Professional
- D. Other Medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other)
- E. Prescription drug
- F. Capitations

#### 4.3 PROJECTION FACTORS:

**Changes in the Morbidity of the Population Insured:** The morbidity risk factor projections are based upon 2014 known age-normalized allowed claims costs per member per month (PMPM), projected for various categories of the estimated 2016 membership. These categories are based upon the prior status of the members in the 2013 year – previous CF members (medically underwritten Individual PPACA experience, ACA experience for those previously underwritten members who chose an ACA product, small group, large group) and Other new entrants (either previously uninsured or previously insured with a competitor). The risk factor for each category is expressed in terms of age-normalized allowed claims PMPM cost, and is calculated by comparing the category PMPM claims cost by category to the 2013 CF Individual membership PMPM cost.

In projecting the 2016 SRP, we examined 2014 claims-based experience by categories described above of only the cohort as of 2/28/15. This cohort represented 79,200 CFI members and we had empirical data for ~89% of them. The exact risk scores for this cohort were used for 2016, neither worsening nor improving. The enrollment of each cohort was projected by looking at the actual membership distribution as of 2/28/15 and making projections that the previously underwritten cohorts would decline an additional 10% while the SG cohort would grow by approximately 15% because of the expansion to groups of size 51-100 employees. Although the DISB Bulletin 15-IB-05-04/28 released 4/28/15 allows 51-100 groups to renew their current policies through policy years beginning on or before 10/1/16, we still expect some migration. We have assumed 50% of those eligible will migrate with relatively worse morbidity.

**Changes in Benefits:** For 2016, the portfolio has been redesigned. Some of the new designs include cost sharing elements that differ for some services based on the setting in which care is delivered (Called “Site of Service”). For example, members seeking imaging services in a freestanding facility will have lower cost sharing than those seeking similar treatment in a hospital setting. This is done in order to encourage members to seek treatment in the most efficient setting. Other new designs are the mandated DC standard plans. Our 2015 plans will be uniformly modified into the 2016 plans based on the mapping included in this filing.

The new portfolio consists of 9 plans total: one catastrophic, three bronze, two silver, two gold, and one platinum.

Attached exhibits detail adjustments for pediatric dental, mandatory generics, and maternity.

**Changes in Demographics:** The average age of BlueChoice members has increased from 33.5 to 34.1 between the experience period and the latest enrollment as of 2/28/15. We have therefore made a demographic adjustment of +1.0% to account for this aging.

**Other Adjustments:** Starting in 2015, CF is continuing its incentive program, called BlueRewards, whereby members earn medical expense debit cards of as much as \$300 annually, for an individual (\$700 for a family). These are increases from last year. The cards must be utilized for qualified medical expenses such as deductibles, copays and out-of-pocket maximums. The scope includes all benefit plans within CF's portfolio, On and Off the Exchange. This is being done in a revenue-neutral way. That is, the cost to CF of the incentive payments was chosen such that it matches the expected savings to CF from more efficacious health care delivery. The savings has been incorporated in the "Other" projection factors when developing the index rate. Our aim is that this incentive program will improve our members' health.

This calculation also includes the following:

- A decrease to prescription drug claims costs due to an increase in rebates realized by the move to a new "Pharmacy Benefits Manager" (PBM) in 2014.
- A shift in costs associated with case management of behavioral health, which was a capitated service in 2014 but will instead be processed as a professional claim going forward.

**Trend Factors (Cost/Utilization):** The proposed trend of 7.0% is the same as 2015's 7.0%.

**4.4 CREDIBILITY MANUAL RATE DEVELOPMENT:** Not applicable, as experience was determined to be fully credible.

**4.5 CREDIBILITY OF EXPERIENCE:** The calendar 2014 base data includes 532,612 members months (average monthly of 44,384) and is therefore considered 100% credible.

**4.6 PAID TO ALLOWED RATIO:** Projected at 61.7%, on average.

**4.7 RISK ADJUSTMENT AND REINSURANCE:**

**Experience Period Risk Adjustment and Reinsurance Adjustments PMPM:** The estimates of the experience period Risk Adjustment transfers in the URRT are based on a multi-carrier analysis by Wakely Consulting Group. The reinsurance estimates are based upon internal estimates of reinsured claim amounts, with experience paid through 3/31/15. Both estimates were performed at the metal level of granularity.

**Projected Risk Adjustments PMPM:** \$16 PMPM for 2016. This is based on an analysis of the market by Wakely Consulting Group. Wakely provided CF's normalized risk scores, which were used to develop a projected transfer receipt as a percentage of premium. We converted this to a percentage of our projected index rate for 2015 to translate the estimated receipt into a PMPM. Wakely's method isolated the experience of ACA members for all of 2014.

**Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only):** Total Federal reinsurance recoveries are based upon a CY 2016 attachment point of \$90,000, a cap of \$250,000 and 50% coinsurance. Total net reinsurance of \$7.56 PMPM is derived from \$9.82 in recoveries less \$2.25 in contribution and less \$0.17 PMPY in administrative fees.

**4.8 NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK:** The "desired incurred claims ratio" (DICR) has declined from 73.0% (2015) to 71.9% (2016).

**Administrative Expense Load:** PMPMs increased by 9.5% for total administrative expenses and broker fees, versus 2015.

**CtR & Risk Margin:** Increased from 0.0% to 2.0%, pre-tax.

**Taxes and Fees:**

- Premium Tax of 2.0%
- Federal Income Tax (FIT) increased from 0.0% to 0.7%.
- State Regulatory Trust Annual Assessment Fee of 0.1%.
- Health Insurer Fee remained at 3.2% considering non-deductibility for tax purposes.
- PCORI increased from \$2.11 PMPY to \$2.25 PMPY for 1Q – 3Q 2016 and \$2.34 for 4Q 2016.
- Reinsurance Payments decreased from \$3.67 PMPM to \$2.25 PMPM.
- Risk Adjustment User Fees increased from \$0.08 PMPM to \$0.15 PMPM.
- Reinsurance Administrative Fee is \$0.17 PMPY.

**5 PROJECTED LOSS RATIO:** Our projected DICR for MLR purposes is 81.8%, meeting the 80.0% minimum of “Public Health Service Act” (PHSA) 218. We have included the cost of our medical expense debit cards (aforementioned in section 4.3) as quality improvement in the numerator. We believe this is consistent with the small group market and with 45 C.F.R. § 158.221 and 158.150(b)(2) in that these debit cards are rewards for participation in a bona fide wellness program aimed to improve health quality and care

## **6 APPLICATION OF MARKET REFORM RATING RULES:**

**6.1 SINGLE RISK POOL (SRP):** Our SRP reflects all covered lives for every non-grandfathered product in our market, inclusive of transitional policies, per 45 CFR Part § 156.80 (d). It includes both Individual and Small group experience merged, per the DCHBX Carrier Reference Manual.

**6.2 INDEX RATE:** The EP index rate is a key component driving the renewal. Last year’s implicit 2014 index rate was \$334 (\$312 x trend of 7.0%). The actual for 2014 is \$300 for an favorable variance of –10%, driven primarily by the change in demographics and morbidity of the single risk pool.

After applying projection factors, the allowed claims PMPM for 2016 is \$375.03. This includes projected claims for non-EHBs, estimated at \$2.15 PMPM. The proposed 2016 index rate is \$372.88.

### **6.3 MARKET ADJUSTED INDEX RATE:**

- **Federal Reinsurance Program Adjustment:** 0.967 for 2016, reflecting the anticipated reinsurance recoveries, net of reinsurance contribution and administrative fee.
- **Risk Adjustment:** 1.065 for 2016. A summary exhibit is provided.
- **Marketplace User Fee Adjustment:** 1.00. Not applicable.

**6.4 PLAN ADJUSTED INDEX RATES:** The cost-share factor includes 1) pricing AVs, 2) H.S.A./Non-H.S.A. induced demand factors and 3) metal level induced demand factors. Regarding the second item, as discussed in the past, we maintain that this factor is allowable under 45 C.F.R. § 156.80 for the same reason that the third item is allowed. The catastrophic factor has been developed from the experience of the catastrophic population, and applied only to the catastrophic plan as required.

**6.5 CALIBRATION:** Done for age only.

**Age Curve Calibration –** We have calibrated to an average age of 43 from the age curve.

**6.6 CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT:** Rate charts are provided for all of the consumer adjusted premiums.

## **7 PLAN PRODUCT INFORMATION:**

**7.1 HHS ACTUARIAL METAL VALUES (AV):** Some 2016 plans include varying cost share levels for some services that depend on the setting in which care is delivered, which is not accommodated by the federal AV calculator. As an acceptable alternate method for unique plans, the federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost share, and one which applied the lower. The results were blended assuming 2/3 of the designated services are

rendered in higher cost share setting and the remaining 1/3 at the lower, consistent with 2014 experience for our Small Group and Individual markets.

Those plans that lacked this site of service cost share variation were run through the federal AV calculator without modification.

Printouts for each plan are provided in the AM section of the Supporting Documentation tab of the SERFF filing, and also as part of the QHP binder submission under separate cover.

**7.2 AV PRICING VALUES:** The Plan Level Summary page shows the total AV Pricing Value, as well as the detail of each allowable rating factor that contributes to the total.

**7.3 MEMBERSHIP PROJECTIONS:** Projected enrollment is based on actual enrollment by plan as of 2/28/15. Final 2016 plan-level enrollment results from the underlying mapping of our 2015 plans into the proposed 2016 plan designs.

**7.4 TERMINATED PRODUCTS:** A listing of all terminated non-ACA products, as well as a list of the ACA plans being uniformly modified is included in the AM.

**7.5 PLAN TYPE:** HMO

**7.6 WARNING ALERTS:**

- A warning is triggered on worksheet 1 which reads:  
WARNING - Wksh 1 - Market Experience Total PMPM (Cell H30) is not equal to Allowed Claims (Cell G16). CF believes the warning message is in error, as these two cells should not be equal, as best as can be ascertained from the instructions. Cell G16 is the experience period allowed claims PMPM, adjusted to exclude reinsurance and risk adjustment amounts. Cell H30 is a worksheet computed PMPM that is derived from the actual experience period utilization statistics by service category and does not reflect adjustments to remove reinsurance/risk adjustment.
- Additional warnings are triggered when CSR amounts are entered on worksheet 2: "WARNING - Wksh 2 - Plan Product Info - Cell M65 - (Section III - Portion of above payable by HHS's funds on behalf of insured person in dollars) should be 0 for exchange plans for year 2014 and 2015. This message is an error that needs to be corrected by CMS, and per Dennis Yu on the 4/10/2015 URRT conference call, the un-validated URRT should be submitted.

## **8 MISCELLANEOUS INSTRUCTIONS:**

**8.1 Effective Rate Review Information:** N/A

**8.2 Reliance:** Risk Adjustment analyses were provided to us by the Wakely Consulting Group.

**8.3 Actuarial Certification:** Included in the AM.

**BlueChoice, Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 96202)**

**D.C. Individual Exchange Products  
Rates Effective 1/1/2016**

**Actuarial Memorandum**

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**

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**BlueChoice, Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**D.C. Individual Exchange Products**  
**Rates Effective 1/1/2016**  
**Actuarial Certification**

I, Kenny Kan, am the Senior Vice President and Chief Actuary with CareFirst BlueCross BlueShield of which CareFirst BlueChoice, Incorporated is a subsidiary. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities.
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial
- vii. ASOP No. 41, Actuarial Communications

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:
  - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1)).
  - b. Reasonable in relation to the benefits provided and the population anticipated to be covered.
  - c. Neither excessive nor deficient.
  - d. Based on a plausible scenario of the projected morbidity. Given the significant changes in this market, it is possible that the projected index rate could miss the true costs by a considerable margin up or down.
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable)
3. The percentage of total premium that represents essential health benefits (EHBs) included in Worksheet 2, Sections III and IV, was calculated in accordance with ASOPs. It is appropriate to use for advanced payment of premium tax credits (APTCs).
4. Consistent with 45 CFR 156.135, the 2016 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

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Kenny W. Kan, FSA, MAAA, CPA, CFA  
Senior Vice President and Chief Actuary  
CareFirst BlueCross BlueShield  
Mail Drop-Point 01-720  
10455 Mill Run Circle  
Owings Mills, MD 21117-5559

**BlueChoice, Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**D.C. Individual Exchange Products**  
**D.C. Individual Exchange Products**  
**Form Numbers**

**Form Numbers Associated With This Filing:**

This list contains the applicable forms for the ACA products.

	<b>In-Network</b>
BlueChoice HMO Open Access	DC/CFBC/EXC/HMO/IEA (1/14) DC/CFBC/SHOP/EXC/DOCS (1/14) DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/DOL APPEAL (R. 7/11) DC/CFBC/MEM/BLCRD (1/12) DC/CFBC/PT PROTECT (9/10) DC/CFBC/EXC/2016 AMEND (1/16) DC/CFBC/DB/INCENT (1/16) DC/CFBC/EXC/HMO/BRZ 6850 (1/16) DC/CFBC/EXC/HMO HSA/BRZ 6000 (1/16) DC/CFBC/EXC/HMO HSA/SIL 1350 (1/16) DC/CFBC/EXC/HMO HSA/SIL 1350 73 (1/16) DC/CFBC/EXC/HMO HSA/SIL 1350 87(1/16) DC/CFBC/EXC/HMO HSA/SIL 1350 94 (1/16) DC/CFBC/EXC/HMO/NATAMER SOB (1/16) DC/CFBC/EXC/HMO/YA SOB (1/16)
BlueChoice HMO Standard Plans	DC/CFBC/EXC/HMO/IEA (1/14) DC/CFBC/SHOP/EXC/DOCS (1/14) DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/DOL APPEAL (R. 7/11) DC/CFBC/MEM/BLCRD (1/12) DC/CFBC/PT PROTECT (9/10) DC/CFBC/EXC/2016 AMEND (1/16) DC/CFBC/DB/INCENT (1/16) DC/CFBC/EXC/HMO STD/GOLD 500 (1/16) DC/CFBC/EXC/HMO STD/BRZ 4500 (1/16) DC/CFBC/EXC/HMO STD/SIL 2000 (1/16) DC/CFBC/EXC/HMO STD/SIL 2000 73 (1/16) DC/CFBC/EXC/HMO STD/SIL 2000 87(1/16) DC/CFBC/EXC/HMO STD/SIL 2000 94 (1/16) DC/CFBC/EXC/HMO STD/PLAT 0 (1/16) DC/CFBC/EXC/HMO STD/NATAMER 0 (1/16)
HealthyBlue HMO	DC/CFBC/EXC/HB IN/IEA (1/14) DC/CFBC/SHOP/EXC/DOCS (1/14) DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/DOL APPEAL (R. 7/11) DC/CFBC/MEM/BLCRD (1/12) DC/CFBC/PT PROTECT (9/10) DC/CFBC/EXC/2016 AMEND (1/16) DC/CFBC/DB/INCENT (1/16) DC/CFBC/EXC/HB HMO/GOLD 1000 (1/16) DC/CFBC/EXC/HB HMO/NATAMER SOB (1/16)



BlueChoice, Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 96202)  
D.C. Individual Exchange Products  
Rates Effective 1/1/2016  
HIOS Product IDs

ACA Products in Projection Period

HIOS Product ID	HIOS Product Name	HIOS Plan ID	Suffix	HIOS Plan Name	On/Off Exchange	Product Type	Abortion Coverage	Actuarial Value	Metal Level	Unique Plan	Projected Members 12/31/2016
86052DC040	BlueChoice	86052DC0400004	01	BlueChoice HMO Young Adult \$6,850	On	Catastrophic	Yes	61.6%	Catastrophic	No	370
86052DC040	BlueChoice	86052DC0400009	01	BlueChoice HMO Bronze \$6,850	On	HMO	Yes	59.0%	Bronze	No	1,002
86052DC040	BlueChoice	86052DC0400005	01	BlueChoice HMO HSA Bronze \$6,000	On	HMO	Yes	61.8%	Bronze	No	865
86052DC040	BlueChoice	86052DC0400006	01	BlueChoice HMO HSA Silver \$1,350 Base	On	HMO	Yes	70.5%	Silver	No	957
86052DC040	BlueChoice	86052DC0400006	04	BlueChoice HMO HSA Silver \$1,350 73%	On	HMO	Yes	73.6%	Silver	No	149
86052DC040	BlueChoice	86052DC0400007	01	BlueChoice HMO Standard Bronze \$4,500	On	HMO	Yes	61.4%	Bronze	No	411
86052DC040	BlueChoice	86052DC0400002	01	BlueChoice HMO Standard Gold \$500	On	HMO	Yes	80.2%	Gold	No	616
86052DC040	BlueChoice	86052DC0400001	01	BlueChoice HMO Standard Silver \$2000 Base	On	HMO	Yes	70.4%	Silver	No	663
86052DC040	BlueChoice	86052DC0400001	04	BlueChoice HMO Standard Silver \$2000 73%	On	HMO	Yes	73.0%	Silver	No	59
86052DC040	BlueChoice	86052DC0400003	01	HealthyBlue HMO Gold \$1,000	On	HMO	Yes	78.1%	Gold	No	1,207
86052DC040	BlueChoice	86052DC0400008	01	BlueChoice HMO Standard Platinum \$0	On	HMO	Yes	90.5%	Platinum	No	1,599
Total											7,898

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**

<b>Acronym</b>	<b>Definition</b>
BC	CareFirst BlueChoice Inc.
AV	Actuarial Value
Med	Medical
Rx	Prescription Drugs
Non-CDH	Non-Consumer Driven Health
CDH	Consumer Driven Health
HSA	Health Savings Account
HRA	Health Reimbursement Account
PPO	Preferred Provider Organization
PPO HSA	Preferred Provider Organization Health Savings Account
PPO HRA	Preferred Provider Organization Health Reimbursement Account
DICR	Desired Incurred Claims Ratio
MLR	Medical Loss Ratio (as defined by ACA)
IBNR	Incurred But Not Reported
IAF	Income Adjustment Factors
PCP	Primary Care Physician
ER	Emergency Room
OON	Out of Network
IP	Inpatient
OP	Outpatient
Prof	Professional
OOP	Out of Pocket
Co-ins	Coinsurance

**BlueChoice, Inc.**  
**DC Individual On & Off Exchange Products Rates Effective 1/1/2016**  
**IND64- Distirict of Columbia BLUECHOICE RATE CHANGE SUMMARY**

				2015 RATE FILING Projected Members 12/31/15		ACTUALS A/O 2/28/15							
	Benefit Plan	Subsidies	FPL	TOTAL	%	TOTAL	%	Actual- Filing Δ	HHS AV 2015	Base Rate 1/1/15	HHS AV 2016	Base Rate 1/1/16	Δ
1	BlueChoice HMO Young Adult \$6,850			1,507	8%	363	5%	-4%	0.598	\$111	0.616	\$124	11.5%
2													
3	<b>Bronze Plans</b>												
4	BlueChoice HMO Bronze \$6,850			2,457	14%	987	13%	-1%	0.601	\$190	0.590	\$165	-13.3%
5	BlueChoice HMO Standard Bronze \$4,500			743	4%	405	5%	1%	0.615	\$223	0.614	\$225	0.9%
6	BlueChoice HMO HSA Bronze \$6,000			2,090	12%	852	11%	-1%	0.592	\$185	0.618	\$162	-12.7%
7	<b>Subtotal:</b>			<b>5,291</b>	<b>30%</b>	<b>2,244</b>	<b>29%</b>	<b>-1%</b>	<b>0.600</b>	<b>\$194</b>	<b>0.605</b>	<b>\$175</b>	<b>-10.1%</b>
8													
9	<b>Silver Plans</b>												
10	BlueChoice HMO HSA Silver \$1,350	APTC & CSR	100-150%	0	0%	37	0%	0%	0.932	\$245	0.938	\$251	2.1%
11		APTC & CSR	151%-200%	0	0%	33	0%	0%	0.879	\$245	0.867	\$251	2.1%
12		APTC & CSR	201-250%	329	2%	76	1%	-1%	0.735	\$245	0.736	\$251	2.1%
13			401%+	2,125	12%	942	12%	0%	0.696	\$245	0.705	\$251	2.1%
14	<b>Subtotal:</b>			<b>2,453</b>	<b>14%</b>	<b>1,088</b>	<b>14%</b>	<b>0%</b>	<b>0.713</b>	<b>\$245</b>	<b>0.720</b>	<b>\$251</b>	<b>2.1%</b>
15													
16	BlueChoice HMO Standard Silver \$2000	APTC & CSR	100-150%	0	0%	15	0%	0%	0.932	\$267	0.944	\$301	12.8%
17		APTC & CSR	151%-200%	0	0%	6	0%	0%	0.877	\$267	0.873	\$301	12.8%
18		APTC & CSR	201-250%	139	1%	19	0%	-1%	0.728	\$267	0.730	\$301	12.8%
19			401%+	901	5%	344	4%	-1%	0.690	\$267	0.704	\$301	12.8%
20	<b>Subtotal:</b>			<b>1,041</b>	<b>6%</b>	<b>384</b>	<b>5%</b>	<b>-1%</b>	<b>0.704</b>	<b>\$267</b>	<b>0.717</b>	<b>\$301</b>	<b>12.8%</b>
21													
22	BlueChoice Plus Silver \$2,500***	APTC & CSR	100-150%	0	0%	5	0%	0%	0.937	\$272	0.944	\$301	10.6%
23		APTC & CSR	151%-200%	0	0%	4	0%	0%	0.879	\$272	0.873	\$301	10.6%
24		APTC & CSR	201-250%	72	0%	10	0%	0%	0.739	\$272	0.730	\$301	10.6%
25			401%+	465	3%	309	4%	1%	0.702	\$272	0.704	\$301	10.6%
26	<b>Subtotal:</b>			<b>537</b>	<b>3%</b>	<b>328</b>	<b>4%</b>	<b>1%</b>	<b>0.709</b>	<b>\$272</b>	<b>0.710</b>	<b>\$301</b>	<b>10.6%</b>
27													
28		APTC & CSR	100-150%	0	0%	57	1%	1%	0.933	\$253	0.940	\$268	5.9%
29		APTC & CSR	151%-200%	0	0%	43	1%	1%	0.879	\$251	0.869	\$262	4.6%
30		APTC & CSR	201-250%	540	3%	105	1%	-2%	0.734	\$252	0.734	\$264	5.0%
31			401%+	3,491	20%	1,595	21%	1%	0.696	\$255	0.704	\$271	6.3%
32	<b>Silver Subtotal</b>			<b>4,031</b>	<b>23%</b>	<b>1,800</b>	<b>23%</b>	<b>1%</b>	<b>0.710</b>	<b>\$255</b>	<b>0.717</b>	<b>\$271</b>	<b>6.2%</b>
33													
34	<b>Gold Plans</b>												
35	BlueChoice HMO Standard Gold \$500			904	5%	607	8%	3%	0.793	\$326	0.802	\$387	18.9%
36	HealthyBlue HMO Gold \$1,000			1,578	9%	615	8%	-1%	0.783	\$318	0.781	\$373	17.4%
37	HealthyBlue Gold \$1500***			1,004	6%	574	7%	2%	0.820	\$353	0.781	\$373	5.8%
38	<b>Subtotal:</b>			<b>3,486</b>	<b>19%</b>	<b>1,796</b>	<b>23%</b>	<b>4%</b>	<b>0.798</b>	<b>\$332</b>	<b>0.789</b>	<b>\$378</b>	<b>14.0%</b>
39													
40	<b>Platinum Plans</b>												
41	BlueChoice HMO Standard Platinum \$0			3,568	20%	1,575	20%	0%	0.898	\$425	0.905	\$470	10.6%
42	<b>Subtotal:</b>			<b>3,568</b>	<b>20%</b>	<b>1,575</b>	<b>20%</b>	<b>0%</b>	<b>0.898</b>	<b>\$425</b>	<b>0.905</b>	<b>\$470</b>	<b>10.6%</b>
43	<b>TOTAL:</b>			<b>17,883</b>	<b>100%</b>	<b>7,778</b>	<b>100%</b>	<b>0%</b>		<b>\$283</b>		<b>\$301</b>	<b>6.5%</b>
44													
45	BlueChoice			17,883	100%	7,778	100%	0%	0.732	\$283	0.735	\$301	6.5%
46													
47	<b>Platinum/Bronze Ratio</b>									<b>2.19</b>		<b>2.69</b>	
48	LOW RENEWAL (Minimum):												-13.3%
49	HIGH RENEWAL (Maximum):												18.9%

\*\*\*Exiting these plans in 2016

1	2	3	6	7	10	11	12	13	14	15	16	17
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\*\*\*Exiting these plans in 2016

**2016 ACA  
Combined SRP MORBIDITY - DC**

	1	2	3	4	5	6	7	8	9	10	11	12	15	16	17	18	19	20	21	22	23	
					2013 Single Risk Pool for 2015 Rates				2014 Single Risk Pool for 2016 Rates				2016 FILING									
					2015 Ave.	2013 ALW Claims PMPM	2013 Ratio to CF IND64-ACA	2014 Ave.	2014 ALW Claims PMPM	2014 Ratio to CF IND64-ACA	2/28/15 Members	% Available	Lifed Data "Line of Sight"	2014 ALW Claims PMPM	2014 Ratio to CF IND64-ACA	2016 Ave.	%	ALW Claims PMPM	Ratio to CF IND64-ACA			
	CFI				7,400	8%	\$289	0.78	2,216	3%	\$434	1.173	3,015	4%	2,367	78%	\$469	1.267	2,412	3%	\$469	1.267
1	CF	IND64-ACA/Metaled	UW, HIPAA, GC, QTC																			
2	CF	IND64-PPACA/Non-Metaled																				
3		Small Group	PPACA/ACA/Congress		65,300	69%	\$379	1.02	77,464	90%	\$397	1.073	68,624	87%			\$401	1.085	61,762	78%	\$401	1.085
4		SRP Subtotal			72,700	77%	\$370	1.00	82,920	96%	\$396	1.070	71,639	90%			\$404	1.093	64,174	81%	\$404	1.093
5																						
6	CF	IND64-	GF UW, HIPAA, GC, QTC		1,100	1%	\$644	1.74														
7																						
10	CF	SG			500	1%	\$398	1.08	437	1%	\$540	1.461	681	1%	521	77%	\$534	1.444	715	1%	\$534	1.444
11	CF	LG			2,000	2%	\$431	1.17	158	0%	\$551	1.490	255	0%	178	70%	\$541	1.462	268	0%	\$541	1.462
12																						
13	OTHER																					
14	Competitors	IND64-			4,600	5%	\$370	1.00														
15	51-100 FTE																					
16	Congress				10,100	11%	\$324	0.88											8,624	11%	\$494	1.336
17																						
18	Uninsured	FPL 100% - 138%	\$11,670	New Entrants	0	0%																
19	Uninsured	FPL 138% - 200%	\$16,105	New Entrants	0	0%																
20	Uninsured	FPL 201%+	\$23,340	New Entrants	3,000	3%	\$363	0.98	2,841	3%	\$441	1.192	6,608	8%	2,398	36%	\$447	1.210	8,203	10%	\$447	1.210
21																						
22	Other				0	0%			0	0%			0%				0.00		0%		0.00	
23	TOTAL:				94,000	100%	\$369	1.00	86,356	100%	\$398	1.08	79,200	100%	5,464	52%	\$409	1.11	82,000	103%	\$420	1.135
24	Δ 2016 Rating Factor Impact								Pool Members (Ind Only)				10,559								1,054	1.136
25	Δ 2016 Premium Impact																					
26	BC																					
27																						
28	CF	IND64-ACA/Metaled	UW, HIPAA, GC, QTC		3,500	8%	\$375	1.17	1,488	3%	\$392	1.229	2,077	5%	1,581	76%	\$449	1.406	1,662	4%	\$449	1.406
29	CF	IND64-PPACA/Non-Metaled							1,585	4%	\$404	1.267										
30		Small Group	PPACA/ACA/Congress		31,600	69%	\$313	0.98	38,003	87%	\$314	0.983	32,674	81%			\$316	0.991	29,407	70%	\$316	0.991
31		SRP Subtotal			35,100	76%	\$319	1.00	41,076	94%	\$320	1.003	34,751	86%			\$324	1.016	31,069	74%	\$324	1.016
32																						
33	CF	IND64-	GF UW, HIPAA, GC, QTC		100	0%	\$556	1.74														
34																						
37	CF	SG			200	0%	\$343	1.08	338	1%	\$400	1.254	508	1%	377	74%	\$432	1.354	533	1%	\$432	1.354
38	CF	LG			1,500	3%	\$372	1.17	113	0%	\$337	1.057	182	0%	121	67%	\$321	1.005	191	0%	\$321	1.005
39																						
40	OTHER																					
41	Competitors	IND64-			3,500	8%	\$319	1.00														
42	51-100 FTE																					
43	Congress				3,400	7%	\$280	0.88											4,696	11%	\$428	1.342
44																						
45	Uninsured	FPL 100% - 138%	\$11,670	New Entrants	0	0%																
46	Uninsured	FPL 138% - 200%	\$16,105	New Entrants	0	0%																
47	Uninsured	FPL 201%+	\$23,340	New Entrants	2,200	5%	\$313	0.98	2,105	5%	\$366	1.147	5,013	12%	1,757	35%	\$382	1.196	5,500	13%	\$382	1.196
48																						
49	Other				0	0%			0	0%			0%				0.00		0%		0.00	
50	TOTAL:				46,000	100%	\$318	1.00	43,641	100%	\$323	1.01	40,466	100%	3,836	49%	\$333	1.04	42,000	100%	\$345	1.080
51	Δ 2016 Rating Factor Impact								Pool Members (Ind Only)				7,780									1,068
52	Δ 2016 Premium Impact																					1.083
53	GHMSI																					
54																						
55	CF	IND64-ACA/Metaled	UW, HIPAA, GC, QTC		3,900	8%	\$219	0.52	728	2%	\$519	1.239	938	2%	786	84%	\$513	1.224	750	2%	\$513	1.224
56	CF	IND64-PPACA/Non-Metaled							1,654	4%	\$279	0.665										
57		Small Group	PPACA/ACA/Congress		33,600	70%	\$442	1.06	39,461	92%	\$477	1.139	35,950	93%			\$478	1.142	32,355	81%	\$478	1.142
58		SRP Subtotal			37,500	78%	\$419	1.00	41,843	98%	\$470	1.122	36,888	95%			\$479	1.144	33,105	83%	\$479	1.144
59																						
60	CF	IND64-	GF UW, HIPAA, GC, QTC		1,000	2%	\$729	1.74														
61																						
64	CF	SG			300	1%	\$451	1.08	98	0%	\$1,023	2.442	173	0%	144	83%	\$833	1.989	182	0%	\$833	1.989
65	CF	LG			500	1%	\$488	1.17	45	0%	\$1,085	2.590	73	0%	57	78%	\$1,089	2.600	77	0%	\$1,089	2.600
66																						
67	OTHER																					
68	Competitors	IND64-			1,200	3%	\$419	1.00														
69	51-100 FTE																					
70	Congress				6,700	14%	\$367	0.88											3,928	10%	\$573	1.368
71																						
72	Uninsured	FPL 100% - 138%	\$11,670	New Entrants	0	0%																
73	Uninsured	FPL 138% - 200%	\$16,105	New Entrants	0	0%																
74	Uninsured	FPL 201%+	\$23,340	New Entrants	800	2%	\$411	0.98	737	2%	\$655	1.564	1,595	4%	642	40%	\$654	1.561	2,704	7%	\$654	1.561
75																						
76	Other				0	0%			0	0%			0%				0.00		0%		0.00	
77	TOTAL:				48,000	100%	\$419	1.00	42,726	100%	\$475	1.13	38,734	100%	1,629	59%	\$489	1.17	40,000	100%	\$503	1.201
78	Δ 2016 Rating Factor Impact								Pool Members (Ind Only)				2,779									1,059
79	Δ 2016 Premium Impact																					1.201

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**BlueChoice Projected Morbidity**

2016 Change in Morbidity Projection						
			2014 Actual		2016 Projected	
			Risk Score	Average Members	Risk Score	Projected Members
IND64-	ACA/Metaled		1.23	1,488	1.41	1,662
IND64-	PPACA/Non-Metaled		1.27	1,585		
Small Group	PPACA/ACA/Congress		0.98	38,003	0.99	29,407
Small Group			1.25	338	1.35	533
Large Group			1.06	113	1.01	191
Other	51-100 FTE				1.34	4,696
Other	Uninsured		1.15	2,105	1.20	5,500
<b>Grand Total Single Risk Pool</b>			<b>1.01</b>	<b>43,641</b>	<b>1.08</b>	<b>42,000</b>
						<b>6.8%</b>

BlueChoice, Inc.  
D.C. Individual & Small Group Products - Rate Filing Effective 1/1/2014  
BlueChoice D.C. Individual Non-Medigap & Small Group Allowed PMPM Projection (Includes EHB and Non-EHB Claims) - Non-Grandfathered Business Only - 1/1/2014 (Merged)

	Begin	End	Mid-point	Months of Trend	
Experience Period	1/1/2014	12/31/2014	7/1/2014		pd through
Rating Period	1/1/2016	12/31/2016	6/30/2016	24.0	2/28/2015

Experience Period Summary	Total
Experience Period Premiums	\$ 182,666,488
MLR Rebates (enter as negative)	\$ -
Net Experience Period Premiums	\$ 182,666,488
Experience Period Paid Claims (Non-Capitated)	\$ 138,928,727
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	\$ 140,339,780
Capitations	\$ 893,726
Rx Rebates	\$ (3,195,102)
Other Manual Claims	\$ -
Total Experience Period Claims	\$ 138,038,404
Experience Period Loss Ratio (Before MLR Rebates)	75.57%
Experience Period Loss Ratio (After MLR Rebates)	75.57%
Experience Period Loss Ratio (System Claims Only)	76.83%
Experience Period Member Months	532,612
Average Members	44,384
End of Experience Period Contract	27,173
End of Experience Period Members	42,121
Experience Period Allowed Claims (System Only)	\$ 162,175,869
Adjustments	\$ (2,301,376)
Total Adjusted EP Allowed Claims	\$ 159,874,493
EP Paid / Allowed Ratio	86.3%

Service Category Level Projection

Service Category Experience Period Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient	Admits	2,212	\$ 27,263,984	\$ -	\$ -	\$ 27,263,984
Outpatient	Visits	23,310	\$ 30,736,866	\$ -	\$ -	\$ 30,736,866
Professional	Visits	384,853	\$ 55,679,844	\$ -	\$ -	\$ 55,679,844
Other	Services	32,077	\$ 6,878,923	\$ -	\$ -	\$ 6,878,923
Rx	Scripts	355,612	\$ 41,616,251	\$ -	\$ (3,195,102)	\$ 38,421,149
Capitation	Average Members	44,384	\$ 893,726	\$ -	\$ -	\$ 893,726
Total			\$ 163,069,595	\$ -	\$ (3,195,102)	\$ 159,874,493
Check (excluding capitations)			\$ -	\$ -	\$ -	\$ (0)
PMPM			\$ 306.17	\$ -	\$ (6.00)	\$ 300.17
				Non-EHB Claims In Experience PMPM ***		\$ 2.20
				EP Index Rate for EHB		\$ 297.97

Annual Trend Inputs	
Cost Trend	Utilization Trend
0.0%	0.0%
11.0%	0.0%
3.0%	1.0%
0.0%	8.0%
13.0%	0.0%
0.0%	0.0%

Service Category Experience Period Allowed	Utilization Measure	Experience Period			Projection Factors		Cost Factor	Utilization Factor	Total Factor	Projected			Effective Allowed PMPM
		Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity*	Other				Util / 1000	Unit Cost	PMPM	
Inpatient	Admits	49.85	\$ 12,323.61	\$ 51.19	1.068	1.011	1.000	1.000	1.08	53.23	\$ 12,463.12	\$ 55.29	0.0%
Outpatient	Visits	525.19	\$ 1,318.61	\$ 57.71	1.068	1.011	1.232	1.000	1.33	560.90	\$ 1,643.05	\$ 76.80	11.0%
Professional	Visits	8,670.92	\$ 144.68	\$ 104.54	1.068	1.044	1.061	1.020	1.21	9,446.68	\$ 160.18	\$ 126.10	4.0%
Other	Services	722.72	\$ 214.45	\$ 12.92	1.068	1.171	1.000	1.166	1.46	900.30	\$ 251.11	\$ 18.84	8.0%
Rx	Scripts	8,012.11	\$ 108.04	\$ 72.14	1.068	0.984	1.277	1.000	1.34	8,556.93	\$ 135.82	\$ 96.85	13.0%
Capitation	Benefit Period	1,000.00	\$ 20.14	\$ 1.68	1.000	0.690	1.000	1.000	0.69	1,000.00	\$ 13.89	\$ 1.16	0.0%
Total				\$ 300.17								\$ 375.03	7.0%
												\$ 375.03	
												\$ 2.15	
												\$ 372.88	

\* Please refer to pages 19 and 9-10 for more information.

\*\* Includes abortion claims and capitation for embedded adult vision benefit.

\*\*\* Includes abortion claims and capitations for embedded adult vision benefit and pre-ACA core vision.

# 2016 ACA ALLOWED - TREND ANALYSIS SUMMARY - DC BC

1	2	3	4	5	6	7	8	9	10	11	12	13	
2015 FILING							2016 FILING						
BLUECHOICE - DC					EXPERIENCE PERIOD				PROJECTED			vs 2014 Δ	
					Allowed Claims	%	Cost Trend	Utilization Trend	Claims Trend	Allowed Claims	%		Cost Trend
1	Inpatient	Hospital	\$27,068,642	19%	7.0%	1.0%	8.1%	\$27,263,984	17%	0.0%	0.0%	0.0%	-8.1%
2	Outpatient	Hospital	\$24,411,199	18%	9.5%	0.0%	9.5%	\$30,736,866	19%	11.0%	0.0%	11.0%	1.5%
3	Professional		\$46,066,170	33%	0.0%	4.5%	4.5%	\$55,679,844	34%	3.0%	1.0%	4.0%	-0.5%
4	Other	Non-Capitated Ambulance	\$5,659,419	4%	0.0%	6.0%	6.0%	\$6,878,923	4%	0.0%	8.0%	8.0%	2.0%
5		Home Health											
6		DME											
7		Prosthetics											
8		Supplies											
9		Vision Exams											
10		Dental Services											
11		Other Services											
12	Medical	Subtotal (Clms-Wgtd):	\$103,205,430	74%	4.1%	2.6%	6.7%	\$120,559,618	74%	4.2%	0.9%	5.1%	-1.6%
13													
14	Rx	Claims-Weighted	\$35,958,763	26%	7.0%	1.0%	8.1%	\$41,616,251	26%	13.0%	0.0%	13.0%	4.9%
15	Total	Claims Weighted	\$139,164,193	100%	4.8%	2.2%	7.1%	\$162,175,869	100%	6.4%	0.6%	7.0%	-0.2%
16													
17	Claims Weighted Total DC (BC & GHMSI)											7.0%	



**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**Reinsurance Estimate**

**BC Benefit Factor Modeling**

**Base 2013 MSGR CPD**

PMPM	\$	280.88
	\$	<b>280.88</b>
99.92%	\$	<b>3,370.57</b>

Frequency	Total Paid
No Claims	18.56% \$ -
\$ 0 - \$ 49	3.50% \$ 19.65
\$ 50 - \$ 99	3.29% \$ 78.28
\$ 100 - \$ 149	3.86% \$ 124.83
\$ 150 - \$ 199	3.27% \$ 174.47
\$ 200 - \$ 249	2.85% \$ 225.38
\$ 24,000 - \$ 24,999	0.13% \$ 24,578.29
\$ 25,000 - \$ 29,999	0.49% \$ 27,509.24
\$ 30,000 - \$ 34,999	0.35% \$ 32,446.11
\$ 35,000 - \$ 39,999	0.27% \$ 37,474.94
\$ 40,000 - \$ 44,999	0.19% \$ 42,497.79
\$ 45,000 - \$ 49,999	0.15% \$ 47,627.49
\$ 50,000 - \$ 54,999	0.12% \$ 52,595.92
\$ 55,000 - \$ 59,999	0.10% \$ 57,587.06
\$ 60,000 - \$ 64,999	0.08% \$ 62,670.17
\$ 65,000 - \$ 69,999	0.06% \$ 67,656.07
\$ 70,000 - \$ 74,999	0.05% \$ 72,784.83
\$ 75,000 - \$ 79,999	0.04% \$ 77,675.06
\$ 80,000 - \$ 84,999	0.04% \$ 82,894.46
\$ 85,000 - \$ 89,999	0.03% \$ 87,825.27
\$ 90,000 - \$ 94,999	0.03% \$ 92,957.06
\$ 95,000 - \$ 99,999	0.03% \$ 97,721.12
\$100,000 - \$104,999	0.02% \$ 103,261.63
\$105,000 - \$109,999	0.02% \$ 107,835.25
\$110,000 - \$114,999	0.02% \$ 113,176.34
\$115,000 - \$119,999	0.01% \$ 117,663.98
\$120,000 - \$124,999	0.02% \$ 123,001.76
\$125,000 - \$129,999	0.01% \$ 127,981.00
\$130,000 - \$134,999	0.01% \$ 133,624.21
\$135,000 - \$139,999	0.01% \$ 137,757.12
\$140,000 - \$144,999	0.01% \$ 142,633.69
\$145,000 - \$149,999	0.01% \$ 147,890.87
\$150,000 - \$154,999	0.01% \$ 153,070.20
\$155,000 - \$159,999	0.01% \$ 157,927.92
\$160,000 - \$164,999	0.01% \$ 163,808.96
\$165,000 - \$169,999	0.01% \$ 167,769.12
\$170,000 - \$174,999	0.01% \$ 172,068.51
\$175,000 - \$179,999	0.00% \$ 178,392.63
\$180,000 - \$184,999	0.00% \$ 184,483.77
\$185,000 - \$189,999	0.00% \$ 189,160.14
\$190,000 - \$194,999	0.00% \$ 192,795.68
\$195,000 - \$199,999	0.00% \$ 197,706.50
\$200,000 - \$204,999	0.00% \$ 202,424.91
\$205,000 - \$209,999	0.00% \$ 209,467.86
\$210,000 - \$214,999	0.00% \$ 214,030.78
\$215,000 - \$219,999	0.00% \$ 220,014.30
\$220,000 - \$224,999	0.00% \$ 223,270.38
\$225,000 - \$229,999	0.00% \$ 230,287.35
\$230,000 - \$234,999	0.00% \$ 233,979.65
\$235,000 - \$239,999	0.00% \$ 241,934.50
\$240,000 - \$244,999	0.00% \$ 245,076.41
\$245,000 - \$249,999	0.00% \$ 244,035.39
\$250,000 - \$254,999	0.00% \$ 254,077.38
\$255,000 - \$259,999	0.00% \$ 258,268.42
\$260,000 - \$264,999	0.00% \$ 263,897.19
\$265,000 - \$269,999	0.00% \$ 268,043.00
\$270,000 - \$274,999	0.00% \$ 275,786.33
\$275,000 - \$279,999	0.00% \$ 277,849.94
\$280,000 - \$284,999	0.00% \$ 283,203.22
\$285,000 - \$289,999	0.00% \$ 287,482.62
\$290,000 - \$294,999	0.00% \$ 293,362.02
\$295,000 - \$299,999	0.00% \$ 298,293.04
\$300,000 - \$9,999,999	0.03% \$ 460,496.96

**Projected 2015 Total CPD**

Proj PMPM	\$	<b>230.71</b>	From DICR tabs
Calc PMPM	\$	<b>230.32</b>	Computed from assume reins
100.00%	\$	<b>2,763.87</b>	distribution

Frequency	Total Paid	Reinsured
34.91%	\$ -	\$ -
2.80%	\$ 20.14	\$ -
2.63%	\$ 80.24	\$ -
3.09%	\$ 127.95	\$ -
2.62%	\$ 178.83	\$ -
2.28%	\$ 231.01	\$ -
0.10%	\$ 25,192.75	\$ -
0.39%	\$ 28,196.98	\$ -
0.28%	\$ 33,257.27	\$ -
0.22%	\$ 38,411.81	\$ -
0.15%	\$ 43,560.23	\$ -
0.12%	\$ 48,818.17	\$ -
0.09%	\$ 53,910.82	\$ -
0.08%	\$ 59,026.74	\$ -
0.07%	\$ 64,236.93	\$ -
0.05%	\$ 69,347.47	\$ -
0.04%	\$ 74,604.45	\$ 2,302.23
0.03%	\$ 79,616.93	\$ 4,808.47
0.03%	\$ 84,966.82	\$ 7,483.41
0.02%	\$ 90,020.90	\$ 10,010.45
0.03%	\$ 95,280.98	\$ 12,640.49
0.02%	\$ 100,164.14	\$ 15,082.07
0.02%	\$ 105,843.17	\$ 17,921.59
0.01%	\$ 110,531.13	\$ 20,265.57
0.02%	\$ 116,005.75	\$ 23,002.88
0.01%	\$ 120,605.58	\$ 25,302.79
0.01%	\$ 126,076.80	\$ 28,038.40
0.01%	\$ 131,180.53	\$ 30,590.26
0.01%	\$ 136,964.82	\$ 33,482.41
0.01%	\$ 141,201.05	\$ 35,600.53
0.01%	\$ 146,199.53	\$ 38,099.77
0.01%	\$ 151,588.14	\$ 40,794.07
0.01%	\$ 156,896.96	\$ 43,448.48
0.01%	\$ 161,876.12	\$ 45,938.06
0.01%	\$ 167,904.18	\$ 48,952.09
0.01%	\$ 171,963.34	\$ 50,981.67
0.00%	\$ 176,370.22	\$ 53,185.11
0.00%	\$ 182,852.45	\$ 56,426.22
0.00%	\$ 189,095.87	\$ 59,547.93
0.00%	\$ 193,889.14	\$ 61,944.57
0.00%	\$ 197,615.57	\$ 63,807.79
0.00%	\$ 202,649.16	\$ 66,324.58
0.00%	\$ 207,485.54	\$ 68,742.77
0.00%	\$ 214,704.56	\$ 72,352.28
0.00%	\$ 219,381.55	\$ 74,690.77
0.00%	\$ 225,514.65	\$ 77,757.33
0.00%	\$ 228,852.14	\$ 79,426.07
0.00%	\$ 236,044.54	\$ 83,022.27
0.00%	\$ 239,829.15	\$ 84,914.57
0.00%	\$ 247,982.86	\$ 88,991.43
0.00%	\$ 251,203.32	\$ 90,000.00
0.00%	\$ 250,136.27	\$ 90,000.00
0.00%	\$ 260,429.31	\$ 90,000.00
0.00%	\$ 264,725.13	\$ 90,000.00
0.00%	\$ 270,494.61	\$ 90,000.00
0.00%	\$ 274,744.08	\$ 90,000.00
0.00%	\$ 282,680.98	\$ 90,000.00
0.00%	\$ 284,796.18	\$ 90,000.00
0.00%	\$ 290,283.30	\$ 90,000.00
0.00%	\$ 294,669.68	\$ 90,000.00
0.00%	\$ 300,696.07	\$ 90,000.00
0.00%	\$ 305,750.37	\$ 90,000.00
0.02%	\$ 472,009.38	\$ 90,000.00

% Claims (DICR)

Reinsurance Recoveries	\$	<b>9.82</b>	4.3%
Less Reinsurance Contribution		<b>(\$2.25)</b>	
Less Reinsurance Administration Fee		<b>(\$0.01)</b>	
Net Reinsurance for Plan Derivation Tab	\$	<b>7.56</b>	3.3%

CFI, Inc.  
DC Individual On Exchange Products Rates Effective 1/1/2016  
Calculation for Risk Adjustment Factor

		(1) Projected Index Rate	(2) Risk Adjustment % of Prem	(3) Paid Claims x Reins	(4) Fixed \$ Admin	(5) Paid Claim x Reins + Fixed \$ Admin  = (3) + (4)	(6) Index Rate Adjustment  = ((5)*(1-(2))- (4)) / (3)
Year							
BlueChoice	2016	\$ 372.88	5.0%	\$224.24	\$66.02	\$290.26	1.065
GHMSI	2016	\$ 522.72	-8.0%	\$388.42	\$ 87.80	\$476.22	0.901

CareFirst BlueCross BlueShield (BlueChoice)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
DICR & MLR

	1	2	3	4
		Ind 64- DC BC Projected 2016		
		<u>PMPM</u>	<u>%</u>	<u>\$s</u>
1	<b>TRADITIONAL LOSS RATIO</b>			
2	Allowed Claims & Captns (EHB Only)	Medical \$	276.03	
3		RX \$	96.85	
4		<b>TOTAL \$</b>	<b>372.88</b>	
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical \$	278.87	
6		RX \$	96.85	
7		<b>TOTAL \$</b>	<b>375.72</b>	
8				
9	Projected EMMs		169,332	
10	Average Members		14,111	
11				
12	Paid/Allowed Ratio		61.7%	
13	Paid Claims & Captns	\$	231.82	
14				
15	<b>"3Rs"</b>			
16	Risk Corridor		n/a	
17	Risk Adjustment/Transfer (Paid Claims Basis)	\$	14.49	
18	Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)	\$	(7.59)	
19	<b>Subtotal:</b>	<b>\$</b>	<b>6.90</b>	
20				
21	Paid Claims & Captns (Post-3Rs)	<b>\$</b>	<b>238.72</b>	<b>71.9% \$ 40,422,245</b>
22	Administrative Expense	\$	48.95	14.7% \$ 8,288,209
23	Broker Commissions & Fee	\$	9.75	2.9% \$ 1,650,225
24	Contribution to Reserve (CTR) - Post-FIT	\$	4.32	1.3% \$ 731,091
25	Investment Income Credit	\$	(0.00)	0.0% \$ (55)
26				
27	<b>Non-ACA Taxes &amp; Fees</b>			
28	State Premium Tax	\$	6.64	2.0% \$ 1,124,756
29	State Assessment Fees	\$	0.14	0.0% \$ 24,388
30	State Income Tax (SIT)	\$	-	0.0% \$ -
31	Federal Income Tax (FIT)	\$	2.32	0.7% \$ 393,664
32				
33	<b>ACA Taxes &amp; Fees</b>			
34	Health Insurer Fee	\$	10.63	3.2% \$ 1,799,609
37	Risk Adjustment User Fee	\$	0.15	0.0% \$ 25,400
38	<b>Exchange Assessment Fee</b>	\$	3.32	1.0% \$ 562,378
39	<b>Exchange User Fees (FFEs Only)</b>	\$	-	0.0% \$ -
40	Patient-Centered Outcomes Research Institute (PCORI) Tax	\$	0.18	0.1% \$ 30,549
41				
42	BlueRewards/Incentive Program-Medical Debit Cards	\$	7.00	2.1% \$ 1,185,324
43				
44	Other	\$	-	0.0% \$ -
45	<b>TOTAL</b>	<b>\$</b>	<b>332.12</b>	<b>100.0% \$ 56,237,783</b>
46				
47	Contribution to Reserve (CTR) - Pre-FIT			<b>2.0%</b>
48				
49	<b>FHCR MEDICAL LOSS RATIO</b>			
50	Risk Adjustment	\$	16.58	\$ 2,807,356
51	Reinsurance Receipts (Individual Only)	\$	(9.82)	\$ (1,663,094)
52	BlueRewards/Incentive Program-Medical Debit Cards	\$	7.00	\$ 1,185,324
53	Quality Improvement Expenses (net after MLR reclass from care)	\$	5.26	\$ 891,022
54	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)	\$	(1.25)	\$ (212,314)
55	<b>Numerator (Claims) Adjustment</b>	<b>\$</b>	<b>17.77</b>	<b>\$ 3,008,294</b>
56				
57	Non-ACA: Taxes & Regulatory Fees	State Premium Tax \$	6.64	\$ 1,124,756
58		State Assmt Fee \$	0.14	\$ 24,388
59		State Income Tax \$	-	\$ -
60		Federal Income Tax \$	2.32	\$ 393,664
61				
62	ACA: Taxes & Regulatory Fees	Health Insurer Fee \$	10.63	\$ 1,799,609
63		Reinsurance Contribution \$	\$2.25	\$ 380,997
64		Reinsurance Admin. Fee \$	\$0.01	\$ 2,399
65		Risk Adj User Fees \$	0.15	\$ 25,400
66		Exchange Assessment Fee \$	3.32	\$ 562,378
67		Exchange User Fee \$	-	\$ -
68		PCORI \$	0.18	\$ 30,549
69	<b>Denominator (Premium) Adjustment</b>	<b>\$</b>	<b>25.65</b>	<b>\$ 4,344,140</b>
70				
71	FHCR Claims	\$	249.59	\$ 42,262,966
72	FHCR MLR Premium	\$	306.46	\$ 51,893,643
73	<b>FHCR Loss Ratio</b>		<b>81.4%</b>	

**CareFirst BlueCross BlueShield (BlueChoice)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**DICR & MLR**

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			SG DC BC Projected 1Q16 PMPM	%	\$s	SG DC BC Projected 2Q16 PMPM	%	\$s	SG DC BC Projected 3Q16 PMPM	%	\$s	SG DC BC Projected 4Q16 PMPM	%	\$s	SG DC BC Projected 2016 PMPM	%	2016 \$s
1	TRADITIONAL LOSS RATIO																
2	Allowed Claims & Captns (EHB Only)	Medical	\$ 276.03		\$s	\$ 279.69		\$s	\$ 283.35		\$s	\$ 287.10		\$s	\$ 283.49		
3		RX	\$ 96.85		\$	\$ 99.85		\$	\$ 102.95		\$	\$ 106.14		\$	\$ 103.10		
4		TOTAL	\$ 372.88		\$	\$ 379.54		\$	\$ 386.30		\$	\$ 393.25		\$	\$ 386.59		
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical	\$ 278.09		\$	\$ 281.77		\$	\$ 285.47		\$	\$ 289.25		\$	\$ 285.61		
6		RX	\$ 96.85		\$	\$ 99.85		\$	\$ 102.95		\$	\$ 106.14		\$	\$ 103.10		
7		TOTAL	\$ 374.94		\$	\$ 381.63		\$	\$ 388.42		\$	\$ 395.39		\$	\$ 388.70		
8																	
9	Projected EMMs		102,624			41,868			95,556			259,344			499,392		
10	Average Members		8,552			3,489			7,963			21,612			41,616		
11	%		21%			8%			19%			52%			100%		
12	Paid/Allowed Ratio		83.8%			83.9%			83.8%			83.8%			83.8%		
13	Paid Claims & Captns		\$ 314.23		\$	\$ 320.00		\$	\$ 325.60		\$	\$ 331.41		\$	\$ 325.81		
14																	
15	"3Rs"																
16	Risk Corridor		n/a			n/a			n/a			n/a			n/a		
17	Risk Adjustment/Transfer (Paid Claims Basis)		\$ 13.86	\$	1,422,802	\$ 14.12	\$	591,142	\$ 14.37	\$	1,372,813	\$ 14.62	\$	3,792,509	\$ 14.38	\$	7,179,266
18	Reinsurance Recoveries (State & Federal)		\$ -	\$	-	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-
19	(Individual Only, Paid Claims Basis)																
20	Subtotal:		\$ 13.86	\$	1,422,802	\$ 14.12	\$	591,142	\$ 14.37	\$	1,372,813	\$ 14.62	\$	3,792,509	\$ 14.38	\$	7,179,266
21	Paid Claims & Captns (Post-3Rs)		\$ 328.09	71.9%	\$ 33,670,093	\$334.12	72.1%	\$ 13,988,828	\$339.96	72.3%	\$ 32,485,558	\$346.03	72.6%	\$ 89,741,854	\$ 340.19	72.4%	\$ 169,886,333
22	Administrative Expense		\$ 37.13	8.1%	\$ 3,810,578	\$ 37.13	8.0%	\$ 1,554,620	\$ 37.13	7.9%	\$ 3,548,133	\$ 37.13	7.8%	\$ 9,629,819	\$ 37.13	7.9%	\$ 18,543,149
23	Broker Commissions & Fee		\$ 31.82	7.0%	\$ 3,265,568	\$ 31.82	6.9%	\$ 1,332,269	\$ 31.82	6.8%	\$ 3,040,659	\$ 31.82	6.7%	\$ 8,252,508	\$ 31.82	6.8%	\$ 15,891,003
24	Contribution to Reserve (CtR) - Post-FIT		\$ 11.86	2.6%	\$ 1,217,557	\$ 12.04	2.6%	\$ 504,250	\$ 12.22	2.6%	\$ 1,167,507	\$ 12.40	2.6%	\$ 3,215,649	\$ 12.22	2.6%	\$ 6,104,964
25	Investment Income Credit		\$ (0.00)	0.0%	\$ (46)	\$ (0.00)	0.0%	\$ (19)	\$ (0.00)	0.0%	\$ (44)	\$ (0.00)	0.0%	\$ (120)	\$ (0.00)	0.0%	\$ (229)
26																	
27	Non-ACA Taxes & Fees																
28	State Premium Tax		\$ 9.13	2.0%	\$ 936,582	\$ 9.26	2.0%	\$ 387,885	\$ 9.40	2.0%	\$ 898,083	\$ 9.54	2.0%	\$ 2,473,576	\$ 9.40	2.0%	\$ 4,696,126
29	State Assessment Fees		\$ 0.52	0.1%	\$ 53,841	\$ 0.53	0.1%	\$ 22,298	\$ 0.54	0.1%	\$ 51,628	\$ 0.55	0.1%	\$ 142,198	\$ 0.54	0.1%	\$ 269,965
30	State Income Tax (SIT)		\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -
31	Federal Income Tax (FIT)		\$ 6.39	1.4%	\$ 655,608	\$ 6.49	1.4%	\$ 271,519	\$ 6.58	1.4%	\$ 628,658	\$ 6.68	1.4%	\$ 1,731,504	\$ 6.58	1.4%	\$ 3,287,288
32																	
33	ACA Taxes & Fees																
34	Health Insurer Fee		\$ 14.60	3.2%	\$ 1,498,532	\$ 14.82	3.2%	\$ 620,615	\$ 15.04	3.2%	\$ 1,436,932	\$ 15.26	3.2%	\$ 3,957,722	\$ 15.05	3.2%	\$ 7,513,802
35	Reinsurance Contribution		\$ 2.25	0.5%	\$ 230,904	\$ 2.25	0.5%	\$ 94,203	\$ 2.25	0.5%	\$ 215,001	\$ 2.25	0.5%	\$ 583,524	\$ 2.25	0.5%	\$ 1,123,632
36	Reinsurance Administrative Fee		\$ 0.01	0.0%	\$ 1,454	\$ 0.01	0.0%	\$ 593	\$ 0.01	0.0%	\$ 1,354	\$ 0.01	0.0%	\$ 3,674	\$ 0.01	0.0%	\$ 7,075
37	Risk Adjustment User Fee		\$ 0.15	0.0%	\$ 15,394	\$ 0.15	0.0%	\$ 6,280	\$ 0.15	0.0%	\$ 14,333	\$ 0.15	0.0%	\$ 38,902	\$ 0.15	0.0%	\$ 74,909
38	Exchange Assessment Fee		\$ 4.56	1.0%	\$ 468,291	\$ 4.63	1.0%	\$ 193,942	\$ 4.70	1.0%	\$ 449,041	\$ 4.77	1.0%	\$ 1,236,788	\$ 4.70	1.0%	\$ 2,348,063
39	Exchange User Fees (FEs Only)		\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -
40	Patient-Centered Outcomes Research Institute (PCORI) Tax		\$ 0.19	0.0%	\$ 19,242	\$ 0.19	0.0%	\$ 7,850	\$ 0.19	0.0%	\$ 17,917	\$ 0.19	0.0%	\$ 50,367	\$ 0.19	0.0%	\$ 95,376
41																	
42	BlueRewards/Incentive Program-Medical Debit Cards		\$ 9.60	2.1%	\$ 985,520	\$ 9.77	2.1%	\$ 409,097	\$ 9.94	2.1%	\$ 949,371	\$ 10.11	2.1%	\$ 2,620,858	\$ 9.94	2.1%	\$ 4,964,845
43																	
44	Other		\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -
45	TOTAL		\$ 456.32	100.0%	\$ 46,829,118	\$ 463.22	100.0%	\$ 19,394,230	\$ 469.92	100.0%	\$ 44,904,131	\$ 476.89	100.0%	\$ 123,678,822	\$ 470.18	100.0%	\$ 234,806,301
46																	
47	Contribution to Reserve (CtR) - Pre-FIT			4.0%			4.0%			4.0%			4.0%			4.0%	
48																	
49	FHCR MEDICAL LOSS RATIO																
50	Risk Adjustment		\$ 15.46		\$ 1,586,441	\$ 15.74		\$ 659,131	\$ 16.02		\$ 1,530,703	\$ 16.31		\$ 4,228,694	\$ 16.03		\$ 8,004,969
51	Reinsurance Receipts (Individual Only)		\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -
52	BlueRewards/Incentive Program-Medical Debit Cards		\$ 9.60		\$ 985,520	\$ 9.77		\$ 409,097	\$ 9.94		\$ 949,371	\$ 10.11		\$ 2,620,858	\$ 9.94		\$ 4,964,845
53	Quality Improvement Expenses		\$ 6.39		\$ 656,027	\$ 6.39		\$ 267,643	\$ 6.39		\$ 610,845	\$ 6.39		\$ 1,657,866	\$ 6.39		\$ 3,192,381
54	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)		\$ (3.55)		\$ (364,237)	\$ (3.55)		\$ (148,600)	\$ (3.55)		\$ (339,151)	\$ (3.55)		\$ (920,475)	\$ (3.55)		\$ (1,772,463)
55	Numerator (Claims) Adjustment		\$ 27.91		\$ 2,863,752	\$ 28.36		\$ 1,187,270	\$ 28.80		\$ 2,751,767	\$ 29.25		\$ 7,586,942	\$ 28.81		\$ 14,389,731
56																	
57	Non-ACA: Taxes & Regulatory Fees																
58	State Premium Tax		\$ 9.13		\$ 936,582	\$ 9.26		\$ 387,885	\$ 9.40		\$ 898,083	\$ 9.54		\$ 2,473,576	\$ 9.40		\$ 4,696,126
59	State Assmt Fee		\$ 0.52		\$ 53,841	\$ 0.53		\$ 22,298	\$ 0.54		\$ 51,628	\$ 0.55		\$ 142,198	\$ 0.54		\$ 269,965
60	State Income Tax		\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -
61	Federal Income Tax		\$ 6.39		\$ 655,608	\$ 6.49		\$ 271,519	\$ 6.58		\$ 628,658	\$ 6.68		\$ 1,731,504	\$ 6.58		\$ 3,287,288
62																	
63	ACA: Taxes & Regulatory Fees																
64	Health Insurer Fee		\$ 14.60		\$ 1,498,532	\$ 14.82		\$ 620,615	\$ 15.04		\$ 1,436,932	\$ 15.26		\$ 3,957,722	\$ 15.05		\$ 7,513,802
65	Reinsurance Contribution		\$ 2.25		\$ 230,904	\$ 2.25		\$ 94,203	\$ 2.25		\$ 215,001	\$ 2.25		\$ 583,524	\$ 2.25		\$ 1,123,632
66	Reinsurance Admin. Fee		\$ 0.01		\$ 1,454	\$ 0.01		\$ 593	\$ 0.01		\$ 1,354	\$ 0.01		\$ 3,674	\$ 0.01		\$ 7,075
67	Risk Adj User Fees		\$ 0.15		\$ 15,394	\$ 0.15		\$ 6,280	\$ 0.15		\$ 14,333	\$ 0.15		\$ 38,902	\$ 0.15		\$ 74,909
68	Exchange Assessment Fee		\$ 4.56		\$ 468,291	\$ 4.63		\$ 193,942	\$ 4.70		\$ 449,041	\$ 4.77		\$ 1,236,788	\$ 4.70		\$ 2,348,063
69	Exchange User Fee		\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -
70	PCORI		\$ 0.19		\$ 19,242	\$ 0.19		\$ 7,850	\$ 0.19		\$ 17,917	\$ 0.19		\$ 50,367	\$ 0.19		\$ 95,376
71	Denominator (Premium) Adjustment		\$ 37.81		\$ 3,879,847	\$ 38.34		\$ 1,605,186	\$ 38.86		\$ 3,712,947	\$ 39.40		\$ 10,218,255	\$ 38.88		\$ 19,416,235
72																	
73	FHCR Claims		\$ 342.13		\$ 35,111,043	\$ 348.36		\$ 14,584,956	\$ 354.39		\$ 33,864,512	\$ 360.66		\$ 93,536,287	\$ 354.62		\$ 177,096,798
74	FHCR MLR Premium		\$ 418.51		\$ 42,949,271	\$ 424.88		\$ 17,789,044	\$ 431.07		\$ 41,191,184	\$ 437.49		\$ 113,460,567	\$ 431.30		\$ 215,390,065
75	FHCR Loss Ratio		81.8%			82.0%			82.2%			82.4%			82.2%		

CareFirst BlueCross BlueShield (BlueChoice)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
DICR & MLR

	1	2	3	4
		<b>SG &amp; Ind</b>		
		<b>DC BC</b>		
		Projected		
		2016		
		<b>PMPM</b>	<b>%</b>	<b>\$</b>
1	Medical	\$ 281.60		
2	RX	\$ 101.51		
3	<b>TOTAL</b>	<b>\$ 383.12</b>		
4				
5	Allowed Claims & Captns (EHB & Non-EHB)	Medical \$ 283.90		
6		RX \$ 101.51		
7	<b>TOTAL</b>	<b>\$ 385.41</b>		
8				
9	Projected EMMs	668,724		
10	Average Members	55,727		
11				
12	Paid/Allowed Ratio	78.4%		
13	Paid Claims & Captns	\$ 302.01		
14				
15	<b>"3Rs"</b>			
16	Risk Corridor	n/a		
17	Risk Adjustment/Transfer (Paid Claims Basis)	\$ 14.40		
18	Reinsurance Recoveries (State & Federal) (Individual Only, Paid Claims Basis)	\$ (1.92)		
19	<b>Subtotal:</b>	<b>\$ 12.48</b>		
20				
21	Paid Claims & Captns (Post-3Rs)	\$ 314.49	72.3%	\$ 210,308,578
22	Administrative Expense	\$ 40.12	9.2%	\$ 26,831,358
23	Broker Commissions & Fee	\$ 26.23	6.0%	\$ 17,541,228
24	Contribution to Reserve (CTR) - Post-FIT	\$ 10.22	2.3%	\$ 6,836,055
25	Investment Income Credit	\$ (0.00)	0.0%	\$ (283)
26				
27	<b>Non-ACA Taxes &amp; Fees</b>			
28	State Premium Tax	\$ 8.70	2.0%	\$ 5,820,882
29	State Assessment Fees	\$ 0.44	0.1%	\$ 294,352
30	State Income Tax (SIT)	\$ -	0.0%	\$ -
31	Federal Income Tax (FIT)	\$ 5.50	1.3%	\$ 3,680,953
32				
33	<b>ACA Taxes &amp; Fees</b>			
34	Health Insurer Fee	\$ 13.93	3.2%	\$ 9,313,411
35	Reinsurance Contribution	\$ 1.68	0.4%	\$ 1,123,632
36	Reinsurance Administrative Fee	\$ 0.01	0.0%	\$ 7,075
37	Risk Adjustment User Fee	\$ 0.15	0.0%	\$ 100,309
38	Exchange Assessment Fee	\$ 4.35	1.0%	\$ 2,910,441
39	Exchange User Fees (FFE's Only)	\$ -	0.0%	\$ -
40	Patient-Centered Outcomes Research Institute (PCORI) Tax	\$ 0.19	0.0%	\$ 125,926
41				
42	BlueRewards/Incentive Program-Medical Debit Cards	\$ 9.20	2.1%	\$ 6,150,169
43				
44	Other	\$ -	0.0%	\$ -
45	<b>TOTAL</b>	<b>\$ 435.22</b>	<b>100.0%</b>	<b>\$ 291,044,084</b>
46				
47	Contribution to Reserve (CTR) - Pre-FIT		3.6%	
48				
49	<b>FHCR MEDICAL LOSS RATIO</b>			
50	Risk Adjustment	\$ 16.17		\$ 10,812,325
51	Reinsurance Receipts (Individual Only)	\$ (2.49)		\$ (1,663,094)
52	BlueRewards/Incentive Program-Medical Debit Cards	\$ 9.20		\$ 6,150,169
53	Quality Improvement Expenses	\$ 6.11		\$ 4,083,403
54	Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees)	\$ (2.97)		\$ (1,984,778)
55	<b>Numerator (Claims) Adjustment</b>	<b>\$ 26.02</b>		<b>\$ 17,398,025</b>
56				
57	Non-ACA: Taxes & Regulatory Fees	State Premium Tax \$ 8.70		\$ 5,820,882
58		State Assmt Fee \$ 0.44		\$ 294,352
59		State Income Tax \$ -		\$ -
60		Federal Income Tax \$ 5.50		\$ 3,680,953
61				\$ -
62	ACA: Taxes & Regulatory Fees	Health Insurer Fee \$ 13.93		\$ 9,313,411
63		Reinsurance Contribution \$ 2.25		\$ 1,504,629
64		Reinsurance Admin. Fee \$ 0.01		\$ 9,474
65		Risk Adj User Fees \$ 0.15		\$ 100,309
66		Exchange Assessment Fee \$ 4.35		\$ 2,910,441
67		Exchange User Fee \$ -		\$ -
68		PCORI \$ 0.19		\$ 125,926
69	<b>Denominator (Premium) Adjustment</b>	<b>\$ 35.53</b>		<b>\$ 23,760,375</b>
70				
71	FHCR Claims	\$ 328.03		\$ 219,359,764
72	FHCR MLR Premium	\$ 399.69		\$ 267,283,709
73	<b>FHCR Loss Ratio</b>		<b>82.1%</b>	

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**IND64- DC BLUECHOICE PLAN LEVEL DERIVATIONS**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	21	22			
	TOTAL			PROJ INDEX RATE (Ave ALW EHB)	Market-Level Adjustments (MLA)				Mkt-Adj INDEX RATE (Post- MLA)	Plan-Level Adjustments (PLA)								Plan-Adj INDEX RATE (Plan- Level)	Normalization/Calibration Allowable Rating Factors				Consumer Adjusted PREMIUM RATES	
	Benefit Plan	EMMs	%		Reins.	Risk Adj	Exch User Fees	Cumul.		CF Pricing Value	CDH Factor	Induced Demand	Cost Share	Network & UM	Non- EHB	Catas	("HBS") Distrib & Admin	Cumul.		HHS AV	Age	Geo	Cumul.	2016
1	BlueChoice HMO Young Adult \$6,850	3,966	5%	\$373	0.967	1.065	1.000	1.030	\$384	0.511	0.850	0.817	0.355	0.997	1.015	0.709	1.391	0.354	\$136	61.6%	0.914	1.000	0.914	\$124
2																								
3	Bronze Plans																							
4	BlueChoice HMO Bronze \$6,850	10,741	13%	\$373	0.967	1.065	1.000	1.030	\$384	0.482	0.850	0.817	0.335	0.997	1.012	1.000	1.391	0.470	\$180	59.0%	0.914	1.000	0.914	\$165
5	BlueChoice HMO Standard Bronze \$4,500	4,406	5%	\$373	0.967	1.065	1.000	1.030	\$384	0.551	1.018	0.817	0.458	0.997	1.009	1.000	1.391	0.641	\$246	61.4%	0.914	1.000	0.914	\$225
6	BlueChoice HMO HSA Bronze \$6,000	9,273	11%	\$373	0.967	1.065	1.000	1.030	\$384	0.472	0.850	0.817	0.328	0.997	1.012	1.000	1.391	0.461	\$177	61.8%	0.914	1.000	0.914	\$162
7	Subtotal:	24,420	29%	\$373	0.967	1.065	1.000	1.030	\$384	0.491	0.880	0.817	0.354	0.997	1.011	1.000	1.391	0.497	\$191	60.5%	0.914	1.000	0.914	\$175
8																								
9	Silver Plans																							
10	BlueChoice HMO HSA Silver \$1,350	11,856	14%	\$373	0.967	1.065	1.000	1.030	\$384	0.626	0.873	0.934	0.510	0.997	1.009	1.000	1.391	0.714	\$274	70.5%	0.914	1.000	0.914	\$251
11	BlueChoice HMO Standard Silver \$2000	7,740	9%	\$373	0.967	1.065	1.000	1.030	\$384	0.644	1.018	0.936	0.614	0.997	1.008	1.000	1.391	0.858	\$329	70.4%	0.914	1.000	0.914	\$301
12	Subtotal:	19,596	23%	\$373	0.967	1.065	1.000	1.030	\$384	0.633	0.930	0.935	0.551	0.997	1.008	1.000	1.391	0.771	\$296	70.4%	0.914	1.000	0.914	\$270
13																								
14	Gold Plans																							
15	BlueChoice HMO Standard Gold \$500	6,604	8%	\$373	0.967	1.065	1.000	1.030	\$384	0.792	1.018	0.980	0.790	0.997	1.007	1.000	1.391	1.103	\$424	80.2%	0.914	1.000	0.914	\$387
16	HealthyBlue HMO Gold \$1,000	12,939	15%	\$373	0.967	1.065	1.000	1.030	\$384	0.763	1.018	0.980	0.762	0.997	1.007	1.000	1.391	1.064	\$409	78.1%	0.914	1.000	0.914	\$373
17	Subtotal:	19,543	23%	\$373	0.967	1.065	1.000	1.030	\$384	0.773	1.018	0.980	0.771	0.997	1.007	1.000	1.391	1.077	\$414	78.9%	0.914	1.000	0.914	\$378
18																								
19	Platinum Plans																							
20	BlueChoice HMO Standard Platinum \$0	17,141	20%	\$373	0.967	1.065	1.000	1.030	\$384	0.888	1.018	1.062	0.960	0.997	1.006	1.000	1.391	1.339	\$514	90.5%	0.914	1.000	0.914	\$470
21	Subtotal:	17,141	20%	\$373	0.967	1.065	1.000	1.030	\$384	0.888	1.018	1.062	0.960	0.997	1.006	1.000	1.391	1.339	\$514	90.5%	0.914	1.000	0.914	\$470
22																								
23	TOTAL:	84,666	100%	\$373	0.967	1.065	1.000	1.030	\$384	0.670	0.950	0.932	0.619	0.997	1.009	0.986	1.391	0.858	\$330	73.1%	0.914	1.000	0.914	\$301
24	Average:	7,056															71.9%							

71.9%

Cost-Share Factor = Internal/Carrier-Specific Pricing AV, H.S.A./Non-H.S.A., Benefit Generosity/Induced Demand.  
Catastrophic Factor = Adjusting rate downwards for inaccuracy of compressed CMS "3:1" curve versus internal ratio of "4.5:1."  
Network = HMO Open Access and PPO/RPN.

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**Support for Utilization Impact Due to Change in Benefit Generosity on Small Group/Individual Combined**

		Item Calculation
2013 AV	87.17%	(1)
2013 Induced Demand Factor	1.272	(2)
2014 AV	84.12%	(3)
2014 Induced Demand Factor	1.241	(4)
2 Year Buydown Implied in Utilization Trends	-4.7%	(5) = [(4)/(2)]^2 - 1
2016 AV	82.24%	(6)
2016 Induced Demand Factor	1.222	(7)
Buydown Impact Implied by Base Period and Projected Average AVs	-1.5%	(8) = (7)/(4) - 1
Explicit Utilization Adjustment Needed*	3.2%	(9) = (8) - (5)

Our selected utilization trends are based in large part on our rolling 12 experience trends. Inherent in these experience trends is a certain level of “benefit buy-down” that has been experienced as groups / individuals have moved to less rich plans over time. This “buy-down” theoretically would have an induced demand impact similar to any projected changes in average benefit richness between the base and projection periods in this filing. As such, we feel that the only explicit induced demand adjustment needed is for projected changes in benefit richness above and beyond what is implied in our base experience.

Using the HHS Actuarial Value calculator, and valuing our plan designs in 2012 and 2013 we have derived the following “average AVs” to quantify the annual change in benefit richness implied in recent experience. Using the federal risk adjustment induced demand curve we have also estimated the amount of induced demand adjustment implied by these values over a two year period. Similarly we have estimated the amount of induced demand adjustment implied by the change in average AV between our experience period and projection period. The differential between these two estimates represents the needed explicit adjustment to the projected allowed PMPM. Please note that the HHS AV calculator was used in all cases in order to have a consistent measure of AV (benefit richness), to remove the impact of modeling error, and to maintain consistency with the plan level induced demand factors used.

\*Applied under Projection Factors: Population Risk/Morbidity on the Allowed PMPM Projection tabs.

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**Calculation of Other Projection Factors**

<b>Ind&lt;65</b>	<b>Projection Factor</b>									
<b>Service Category</b>	<b>Maternity</b>	<b>Pediatric Dental</b>	<b>Demographics</b>	<b>Autism Benefit</b>	<b>Mandatory Generics</b>	<b>Incentive Program</b>	<b>Utilization Adjustment</b>	<b>Capitation Adjustment</b>	<b>Rx Rebates</b>	<b>Total Other Projection Factor</b>
<b>Inpatient</b>	1.001	1.000	1.010	1.000	1.000	0.978	1.000	1.000	1.000	0.988
<b>Outpatient</b>	1.001	1.000	1.010	1.000	1.000	0.978	1.000	1.000	1.000	0.988
<b>Professional</b>	1.001	1.000	1.010	1.006	1.000	0.978	1.000	1.004	1.000	0.998
<b>Other</b>	1.000	1.158	1.010	1.000	1.000	0.978	1.000	1.000	1.000	1.144
<b>Rx</b>	1.001	1.000	1.010	1.000	1.004	0.978	1.000	1.000	0.988	0.980
<b>Capitation</b>	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.690	1.000	0.690

**BlueChoice, Inc.**  
**DC Small Group On & Off Exchange Products Rates Effective 1/1/2015**  
**Calculation of Other Projection Factors**

<b>Small Group</b>	<b>Projection Factor</b>									
<b>Service Category</b>	<b>Maternity</b>	<b>Pediatric Dental</b>	<b>Demographics</b>	<b>Autism Benefit</b>	<b>Mandatory Generics</b>	<b>Incentive Program</b>	<b>Utilization Adjustment</b>	<b>Capitation Adjustment</b>	<b>Rx Rebates</b>	<b>Total Other Projection Factor</b>
<b>Inpatient</b>	1.000	1.000	1.010	1.000	1.000	0.970	1.000	1.000	1.000	0.979
<b>Outpatient</b>	1.000	1.000	1.010	1.000	1.000	0.970	1.000	1.000	1.000	0.979
<b>Professional</b>	1.000	1.000	1.010	1.032	1.000	0.970	1.000	1.004	1.000	1.015
<b>Other</b>	1.000	1.158	1.010	1.000	1.000	0.970	1.000	1.000	1.000	1.134
<b>Rx</b>	1.000	1.000	1.010	1.000	1.004	0.970	1.000	1.000	0.966	0.950
<b>Capitation</b>	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.690	1.000	0.690

**BlueChoice, Inc.**  
**DC Combined On & Off Exchange Products Rates Effective 1/1/2015**  
**Calculation of Other Projection Factors**

<b>Combined</b>	<b>Projection Factor</b>									
<b>Service Category</b>	<b>Maternity</b>	<b>Pediatric Dental</b>	<b>Demographics</b>	<b>Autism Benefit</b>	<b>Mandatory Generics</b>	<b>Incentive Program</b>	<b>Utilization Adjustment</b>	<b>Capitation Adjustment</b>	<b>Rx Rebates</b>	<b>Total Other Projection Factor</b>
<b>Inpatient</b>	1.000	1.000	1.010	1.000	1.000	0.971	1.031	1.000	1.000	1.011
<b>Outpatient</b>	1.000	1.000	1.010	1.000	1.000	0.971	1.031	1.000	1.000	1.011
<b>Professional</b>	1.000	1.000	1.010	1.028	1.000	0.971	1.031	1.004	1.000	1.044
<b>Other</b>	1.000	1.158	1.010	1.000	1.000	0.971	1.031	1.000	1.000	1.171
<b>Rx</b>	1.000	1.000	1.010	1.000	1.004	0.971	1.031	1.000	0.970	0.984
<b>Capitation</b>	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.690	1.000	0.690



BlueChoice, Inc.  
D.C. Individual Exchange Products Rates Effective 1/1/2016

Support for "Other" adjustment factors

**1. Factors to adjust for capitation schedule changes**

	Allowed Claims	Item	Calculation
Experience Period Professional Allowed PMPM	\$ 104.54	(1)	
Experience Period Capitation PMPM	\$ 1.68	(2)	
Projected Difference in Professional Capitations PMPM due to Contractual Changes*	\$ (0.43)	(3)	
Projected Difference in Vision Capitations PMPM*	\$ (0.09)	(4)	

\*Note: Case management of behavioral health will no longer be a capitated service and will instead be processed as a professional claim.

<b>Adjustment Factor - Impact to Professional only (Blended Across Single Risk Pool)</b>	<b>0.4%</b>	<b>(5) = [(1)-(3)] / (1) -1</b>
<b>Adjustment Factor - Impact to Capitations only (Blended Across Single Risk Pool)</b>	<b>-31.0%</b>	<b>(6) = [(2)+(3)+(4)] / (2) -1</b>

**2. Rx Rebates Adjustment**

**Ind 64-**

CareFirst changed its Pharmacy Benefits Manager (PBM) in 2014 and has received increased pharmacy rebates as a result of this move. The 2014 experience period rebates are a blend of those received from the two different PBMs. In 2016 the rebates will be entirely from the new PBM. The adjustment below is the ratio of the rebate PMPM for the last 3 months of 2014, which is primarily the new PBM with higher rebates, over the average rebate PMPM for all of 2014.

Experience Period Allowed Rx PMPM (Pre-Rebate)	\$ 97.78	(1)
Experience Period Rx Rebates PMPM	(\$2.04)	(2)
Projection Period Rx Rebates PMPM	(\$3.22)	(3)
<b>Rebate adjustment factor - Impact to Rx only (Ind64- Only)</b>	<b>-1.2%</b>	<b>(4) = [(3)-(2)] / (1)</b>

**Small Group**

Experience Period Allowed Rx PMPM (Pre-Rebate)	\$ 74.84	(1)
Experience Period Rx Rebates PMPM	(\$6.49)	(2)
Projection Period Rx Rebates PMPM	(\$9.03)	(3)
<b>Rebate adjustment factor - Impact to Rx only (Small Group Only)</b>	<b>-3.4%</b>	<b>(4) = [(3)-(2)] / (1)</b>

<b>Rebate adjustment factor - Impact to Rx only (Blended Across Single Risk Pool)</b>	<b>-3.0%</b>
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**3. Mandatory Generic Factor Derivation (Based on CFI Total Book of Business Data)**

Total \$ Impact Due to expansion of list of Mandatory Generic Drugs	\$ 4,594,160	(1)
Total 2013 Drug Claims	\$ 1,249,560,894	(2)
<b>% Increase in Paid Drug \$</b>	<b>0.4%</b>	<b>(3) = (1)/(2)</b>

**4. Changes in treatment of ABA services (see page 25 for details)**

**Ind64-**

\$ Impact to Experience Period Allowed PMPM	\$ 0.58	(1)
Experience Period Allowed PMPM for Professional Services	\$ 105.29	(2)
<b>Changes in treatment of ABA services - Impact (to Ind64- Professional only)</b>	<b>0.6%</b>	<b>(3) = (1)/(2)</b>

**Small Group**

\$ Impact to Experience Period Allowed PMPM	\$ 3.32	(4)
Experience Period Allowed PMPM for Professional Services	\$ 104.41	(5)
<b>Changes in treatment of ABA services - Impact (to Small Group Professional only)</b>	<b>3.2%</b>	<b>(6) = (4)/(5)</b>

<b>Changes in treatment of ABA services - Impact to Professional only (Blended Across Single Risk Pool)</b>	<b>2.8%</b>
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**5. Demographic Factor Derivation (see page 26 for details)**

<b>Demographic Impact (Blended Across Single Risk Pool)</b>	<b>1.0%</b>
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**6. Changes in Maternity Utilization (Ind64- Only)**

\$ Impact to total experience period allowed PMPM	\$ 0.24	(1)
Total Experience Period Allowed	\$ 334.25	(2)
<b>Impact of Changes in Maternity Utilization - (Ind64- Only)</b>	<b>0.1%</b>	<b>(3) = (1)/(2)</b>

<b>Impact of Changes in Maternity Utilization - (Blended Across Single Risk Pool)</b>	<b>0.01%</b>
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Note: Blended adjustments are an average of Ind64- and Small Group adjustments, weighted by claims.

Note: Please see pages 19 and 22 for the derivation of the adjustments for induced demand and embedded pediatric dental coverage, both of which are applied under the 'Other' projection factors field in the Allowed PMPM Projection exhibits.

BlueChoice, Inc.  
D.C. Individual Exchange Products Rates Effective 1/1/2016  
Derivation of Embedded Pediatric Dental Rate  
Projection Period: 1/1/2016 - 12/31/2016

#	Formula	Description	%	PMPM
1		Base D.C. Dental Allowed PMPM For Members Age 19 and Under Classes 1 -4	\$	14.64
2		Adjustment to D.C. Benchmark Plan (D.C. FEDVIP)	-0.71%	
3	<b>(3) = (1)*(1+(2))</b>	Adjusted Allowed PMPM Classes 1 - 4	\$	14.54
4		Base D.C. Dental Allowed PMPM For Members Age 19 and Under Class 5 (Ortho)	\$	3.25
5		Adjustment to D.C. Benchmark Plan	-40%	
6	<b>(6) = (4)*(1+(5))</b>	Adjusted Allowed PMPM Classes 5 (Ortho)	\$	1.95
7		<b>Estimated Base Period Allowed PMPM Adjusted to D.C. Benchmark</b>	\$	<b>16.49</b>
8		Completion Factor (Incurred 12, Paid 14)		0.982
9	<b>(9) = (7)/(8)</b>	<b>Ultimate Base Period Allowed PMPM Adjusted to D.C. Benchmark</b>	\$	<b>16.80</b>
10		Adjustment to Dental PPO Fee Schedule	0.908	
11	<b>(11) = (9)*(10)</b>	Projected Allowed Pediatric PMPM Based on PPO Fee Schedule	\$	15.25
12		% of D.C. Small Group & Individual, Non-Medigap Market Age 19 and Under	13.4%	
13	<b>(13) = (11)*(12)</b>	Projected Allowed Pediatric Dental PMPM Spread Over Single Risk Pool	\$	<b>2.04</b>
14		Base Period Other Medical PMPM	\$	12.92
15		<b>Projection Factor Entered To Adjust Other Medical Category</b>		<b>1.158</b>
16		<b>Impact on Total Medical and Rx Base Period PMPM</b>		<b>1.007</b>

**Notes:**

- Row 1** Allowed PMPM for experience period of 01/2014 - 12/2014, pd through 02/28/2015 for Classes 1- 4.  
**Row 2** Adjustment factor to account for coverage differences between current plans and DC Benchmark plan for Classes 1 - 4.  
**Row 4** Allowed PMPM for experience period of 01/2014 - 12/2014, pd through 02/28/2015 for Class 5 (Ortho).  
**Row 5** Adjustment factor to account for coverage differences between current plans and DC Benchmark plan for Class 5 (Ortho), as provided by CareFirst's Dental Network Director.

Months of Trend	Begin	End	Mid-point	Mo of trend
Experience Period	1/1/2014	12/31/2014	7/1/2014	
Rating Period	1/1/2016	12/31/2016	7/1/2016	24

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**Vision Embedded in Medical Plan**  
**Projection Period: 1/1/2016 - 12/31/2016**

**Derivation of Embedded Pediatric Vision Rate (EHB)**

Small Group Embedded PMPM (Vision Capitation)	\$ 1.25
% of 2014 D.C. Small Group Market in Pre-ACA plans, Age 19 and Under*	13.4%
<b>Additional Pediatric Vision PMPM Spread Over Small Group Market</b>	<b>\$ 0.17</b>
Individual, non-Medigap Embedded PMPM (Vision Capitation)	\$1.77
% of D.C. Individual, non-Medigap Market Age 19 and Under	8.9%
<b>Pediatric Vision PMPM Spread Over Individual Market</b>	<b>\$ 0.16</b>
<b>Blended EHB Pediatric Vision PMPM Spread Over Entire Single Risk Pool</b>	<b>\$ 0.17</b>

**Derivation of Embedded Adult Vision Rate (Non-EHB, Individual Market Only)**

Individual, non-Medigap Embedded PMPM (Vision Capitation)	\$1.16
% of D.C. Individual, non-Medigap Market over Age 19	91.1%
<b>Embedded Adult Vision PMPM Spread Over Individual Market</b>	<b>\$ 1.06</b>
<b>Blended Non-EHB Adult Vision PMPM Spread Over Entire Single Risk Pool</b>	<b>\$ 0.15</b>

**Derivation of Projection Factor**

<b>Total Embedded Vision PMPM</b>	<b>\$ 0.32</b>
Experience Period Pre-ACA Core Vision Capitation PMPM Spread Over Entire Single Risk Pool	\$ 0.41
<b>\$ Change from Experience to Projection Period PMPM</b>	<b>\$ (0.09)</b>

\* This represents the portion of experience period enrollment which is not yet subject to the embedded pediatric vision capitation.

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**Impact of new Essential Health Benefits in Individual, Non-Medigap Market**

**Maternity**

The current experience period (2014 Year to Date) contains experience from our new ACA pool and some still remaining from the PPACA pool. For BlueChoice, the Maternity PMPM for PPACA is lower than ACA. In 2016 all of our subscribers will have ACA benefits and therefore we assume will resemble the ACA Maternity PMPM. So the calculations below are simply showing the percentage change in PMPM when we compare the 2014 weighted cost of maternity vs the cost of ACA only maternity.

2014 - BlueChoice Maternity Data

	Member Months	Maternity Claims	PMPM
PPACA	19,023	\$ 33,800	\$ 1.78
ACA	57,556	\$ 195,330	\$ 3.39
<b>TOTAL</b>	<b>76,579</b>	<b>\$ 229,130</b>	<b>\$ 2.99</b>

\$ 3.15 = claims weighted PPACA/ACA PMPM  
= PMPM change between combined PPACA/ACA and  
\$ 0.24 ACA only, = \$3.39 - \$3.15 = \$0.24  
\$ 331.98 = Combined 2014 Medical + Drug PMPM  
= % change when -\$0.24 is removed from total Medical +  
0.07% Drug PMPM, = \$332.22 / \$331.98 = 0.07%

Change in Individual Allowed Cost PMPM      \$      **0.24**  
% Impact      **0.07%**

**Impact of Maternity on Individual Market PMPM      \$      0.24**  
**Impact on Individual & Small Group Market Combined PMPM      \$      0.03**

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**

Autism Cost Model

Average Cost:

Assume treatment cost per hour for intensive ABA therapy	\$47
Assume treatment cost per hour for other non-intensive therapy	\$100

Children 2-5:  
Children 6-7:  
Children 8-12:  
Children 13-21:

ABA Therapy hrs/wk	Other Therapy hrs/wk	Hrs/Yr Therapy	Cost Per Year Therapy
40	0	2080	97,400
15	5	1040	62,547
0	10	520	52,043
0	8	416	41,635

Utilization:

Assume 1 in every 68 children age 1-21 have Autism or Asperger's. Assume 1 in 3 seek ABA treatment

0.49%

children age 2-5 as a % of total population  
children age 6 as a % of total population  
children age 7 as % total population  
children age 8 as % total population  
children age 9-12 as a % of total population  
children age 13-21 as a % of total population

	Ind	SG
====>	2.6%	4.7%
====>	0.6%	1.1%
====>	0.5%	1.1%
====>	0.5%	1.2%
====>	1.8%	4.4%
====>	3.4%	8.6%

Cost PMPM:

children 2-5:  
Children age 6  
Children age 7  
Children age 8  
children 9-12:  
children 13-21:  
total  
% of Population Pre-ACA  
Adjusted PMPM

	Ind64-	Small Group
\$	1.03	\$ 1.89
\$	0.15	\$ 0.29
\$	0.13	\$ 0.29
\$	0.10	\$ 0.26
\$	0.38	\$ 0.93
\$	0.57	\$ 1.47
\$	2.35	\$ 5.12
	24.8%	64.9%
\$	0.58	\$ 3.32

Adjustment

**Ind64-  
0.6%**

**Small Group  
3.2%**

**Blended  
2.8%**

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**Demographic Factor Derivation**

		Non-Metaled		Metaled &		$\Delta$	Proposed		$\Delta$
		ACA	Average	Non-Metaled	Average		Members	Average	
		Members	Age	Members	Age	$\Delta$	Members	Age	$\Delta$
		<u>12/31/13</u>	<u>12/31/13</u>	<u>12/31/14</u>	<u>12/31/14</u>		<u>12/31/16</u>	<u>12/31/16</u>	
Ind 64-	BC	3,733	34.1	6,827	36.6	2.4	8,839	37.4	3.3
Small Group	BC	36,110	33.5	35,294	33.5	(0.0)	41,616	33.5	(0.0)
<b>Ind64- &amp; SG</b>	<b>BC</b>	<b>39,843</b>	<b>33.5</b>	<b>42,121</b>	<b>34.0</b>	<b>0.4</b>	<b>50,455</b>	<b>34.1</b>	<b>0.6</b>

  

		Age	Age	Proposed	Age	$\Delta$ Age
		<u>12/31/13</u>	<u>Factor**</u>	<u>12/31/16</u>	<u>Factor**</u>	<u>Factor</u>
<b>Ind64- &amp; SG</b>		<b>33.5</b>	<b>0.795</b>	<b>34.1</b>	<b>0.803</b>	<b>1.0%</b>
		33.0	0.790	34.0	0.800	
		34.0	0.800	35.0	0.820	

\*\* From internally developed 4.5:1 age curve.

BlueChoice, Inc.

D.C. Individual Exchange Products Rates Effective 1/1/2016  
Estimate of Non-EHB Claims - Individual, non-Medigap & Small Group Markets Combined

Abortion Coverage (Applies to Individual, Non-Medigap & Small Group Markets)

Total Abortion Related	Allowed Amount	2014 Member Months	Exp Period PMPM	Projected PMPM
BlueChoice	\$942,517	575,716	\$1.64	
				1Q16 \$2.00
				2Q16 \$2.05
				3Q16 \$2.11
				4Q16 \$2.16

Embedded Adult Vision Coverage (Applies to Individual, Non-Medigap Market Only)

Refer to page 23 for details.

Projected PMPM Spread Over Individual Market	Blended with Small Group	Projected PMPM
\$1.06	\$0.15	
		1Q16 \$0.15
		2Q16 \$0.15
		3Q16 \$0.15
		4Q16 \$0.15

Projection Period Non-EHB
1Q16 \$2.15
2Q16 \$2.20
3Q16 \$2.26
4Q16 \$2.31

BlueChoice, Inc.  
D.C. Individual Exchange Products Rates Effective 1/1/2016  
Estimate of non-EHB in Experience and Projection Periods

**Abortion:**

<u>Total Abortion Related</u>	<u>Allowed Amount</u>	<u>2014 Member Months</u>	<u>Exp Period PMPM</u>	<u>Projected Allowed</u>	<u>Projected 2015 Member Months (On-Exchange)</u>	<u>Projected PMPM</u>
GHMSI	\$203,309	87,069	\$2.34	\$102,715	39,846	\$2.58
BlueChoice	\$103,736	85,799	\$1.21	\$118,484	84,667	\$1.40
<b>SUM:</b>	<b>\$307,045</b>	<b>172,868</b>	<b>\$1.78</b>	<b>\$221,199</b>	<b>124,513</b>	<b>\$1.78</b>

**Core Vision**

Davis Vision capitation has been raised because \$10 copay has been dropped from exam.

	<u>% Membership</u>	<u>Exp Period Capitation</u>	<u>Projected Capitation PMPM</u>
Total Capitation		\$0.41	\$1.21
% pediatric members (EHB)	13%	\$0.05	\$0.17
% non-pediatric (non-EHB)	87%	\$0.36	\$1.06



BlueChoice, Inc.  
D.C. Individual Exchange Products Rates Effective 1/1/2016  
BlueChoice - Abortion Cost Test > \$1.00

Plan Name	BlueChoice HMO Young Adult \$6,850	BlueChoice HMO Bronze \$6,850	BlueChoice HMO HSA Bronze \$6,000	BlueChoice HMO HSA Silver \$1,350	BlueChoice HMO Standard Bronze \$4,500	BlueChoice HMO Standard Gold \$500	BlueChoice HMO Standard Silver \$2000	HealthyBlue HMO Gold \$1,000	BlueChoice HMO Standard Platinum \$0	Overall On-Exchange
HIOS Product ID	86052DC040	86052DC040	86052DC040	86052DC040	86052DC040	86052DC040	86052DC040	86052DC040	86052DC040	
HIOS Plan ID	86052DC0400004	86052DC0400010	86052DC0400005	86052DC0400006	86052DC0400007	86052DC0400002	86052DC0400001	86052DC0400003	86052DC0400009	
Metal Level	Catastrophic	Bronze	Bronze	Silver	Bronze	Gold	Silver	Gold	Platinum	
Metallic AV	61.6%	59.0%	61.8%	70.5%	61.4%	80.2%	70.4%	78.1%	90.5%	
Index Rate (Average Allowed EHB)	\$ 4.66	\$ 3.50	\$ 3.57	\$ 2.30	\$ 2.56	\$ 1.48	\$ 1.91	\$ 1.54	\$ 1.22	\$ 2.28
Market Level Adjustments:										
Reinsurance	0.967	0.967	0.967	0.967	0.967	0.967	0.967	0.967	0.967	
Risk Adjustment	1.065	1.065	1.065	1.065	1.065	1.065	1.065	1.065	1.065	
Exchange User Fees	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Index Rate - Post Market Level Adj.	\$4.80	\$3.60	\$3.68	\$2.37	\$2.64	\$1.52	\$1.97	\$1.59	\$1.26	\$ 2.35
Cost-share factor	0.355	0.335	0.328	0.510	0.458	0.790	0.614	0.762	0.960	0.619
Network & UM	0.997	0.997	0.997	0.997	0.997	0.997	0.997	0.997	0.997	0.997
Non-EHB	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Catastrophic Adj	0.709	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.986
Distribution & Admin Cost	1.391	1.391	1.391	1.391	1.391	1.391	1.391	1.391	1.391	1.391
Index Rate - Plan Level	\$1.67	\$1.67	\$1.68	\$1.68	\$1.68	\$1.67	\$1.68	\$1.68	\$1.68	\$1.68
Pricing AV	34.9%	46.5%	45.5%	70.8%	63.5%	109.6%	85.1%	105.7%	133.2%	
Age Calibration	0.914	0.914	0.914	0.914	0.914	0.914	0.914	0.914	0.914	0.914
Geo Calibration	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Smoking Calibration	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Base Premium	\$1.53	\$1.53	\$1.54	\$1.54	\$1.54	\$1.53	\$1.54	\$1.54	\$1.54	\$1.54
Projected Member Months	3,966	10,741	9,273	11,856	4,406	6,604	7,740	12,939	17,141	84,666
Lowest Age Factor	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	
>= \$1.00	\$1.001	\$1.001	\$1.007	\$1.007	\$1.007	\$1.001	\$1.007	\$1.007	\$1.007	

BlueChoice, Inc.  
D.C. Individual Exchange Products Rates Effective 1/1/2016  
BlueChoice Plan Level Rate Derivation - On Exchange

Plan Name	BlueChoice HMO Young Adult \$6,850	BlueChoice HMO Bronze \$6,850	BlueChoice HMO HSA Bronze \$6,000	BlueChoice HMO HSA Silver \$1,350	BlueChoice HMO Standard Bronze \$4,500	BlueChoice HMO Standard Gold \$500	BlueChoice HMO Standard Silver \$2000	HealthyBlue HMO Gold \$1,000	BlueChoice HMO Standard Platinum \$0	Overall On- Exchange
HIOS Product ID	86052DC040	86052DC040	86052DC040	86052DC040	86052DC040	86052DC040	86052DC040	86052DC040	86052DC040	
HIOS Plan ID	86052DC0400004	86052DC0400009	86052DC0400005	86052DC0400006	86052DC0400007	86052DC0400002	86052DC0400001	86052DC0400003	86052DC0400008	
Metol Level	Catastrophic	Bronze	Bronze	Silver	Bronze	Gold	Silver	Gold	Platinum	
Metallic AV	61.6%	59.0%	61.8%	70.5%	61.4%	80.2%	70.4%	78.1%	90.5%	
Index Rate (Average Allowed EHB)	\$ 372.88	\$ 372.88	\$ 372.88	\$ 372.88	\$ 372.88	\$ 372.88	\$ 372.88	\$ 372.88	\$ 372.88	\$ 372.88
Market Level Adjustments:										
Reinsurance	0.967	0.967	0.967	0.967	0.967	0.967	0.967	0.967	0.967	0.967
Risk Adjustment	1.065	1.065	1.065	1.065	1.065	1.065	1.065	1.065	1.065	1.065
Exchange User Fees	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Index Rate - Post Market Level Adj.	\$383.97	\$383.97	\$383.97	\$383.97	\$383.97	\$383.97	\$383.97	\$383.97	\$383.97	\$ 383.97
Cost-share factor	0.355	0.335	0.328	0.510	0.458	0.790	0.614	0.762	0.960	0.619
Network & UM	0.997	0.997	0.997	0.997	0.997	0.997	0.997	0.997	0.997	0.997
Non-EHB	1.015	1.012	1.012	1.009	1.009	1.007	1.008	1.007	1.006	1.009
Catastrophic Adj	0.709	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.986
Distribution & Admin Cost	1.391	1.391	1.391	1.391	1.391	1.391	1.391	1.391	1.391	1.391
Index Rate - Plan Level	\$135.91	\$180.49	\$176.90	\$274.05	\$246.24	\$423.68	\$329.43	\$408.60	\$514.29	\$329.56
Pricing AV	35.4%	47.0%	46.1%	71.4%	64.1%	110.3%	85.8%	106.4%	133.9%	
Age Calibration	0.914	0.914	0.914	0.914	0.914	0.914	0.914	0.914	0.914	0.914
Geo Calibration	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Smoking Calibration	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Base Premium	\$124.23	\$164.98	\$161.70	\$250.50	\$225.08	\$387.28	\$301.12	\$373.49	\$470.10	\$301.24
Projected Member Months	3,966	10,741	9,273	11,856	4,406	6,604	7,740	12,939	17,141	84,666
2015 Index Rate - Plan Level	\$117.27	\$200.48	\$194.98	\$258.26	\$234.82	\$343.02	\$283.74	\$352.71	\$447.47	\$297.86
% Change	15.89%	-9.97%	-9.27%	6.11%	4.86%	23.51%	16.10%	15.84%	14.93%	10.64%
2015 Base Premium	\$111.37	\$190.39	\$185.17	\$245.26	\$223.00	\$325.75	\$269.46	\$334.96	\$424.95	\$282.87
% Change	11.55%	-13.35%	-12.67%	2.14%	0.93%	18.89%	11.75%	11.50%	10.62%	6.50%

non-EHB										
Core Vision (Adult)	\$1.06	\$1.06	\$1.06	\$1.06	\$1.06	\$1.06	\$1.06	\$1.06	\$1.06	
Abortion	\$4.66	\$3.50	\$3.57	\$2.30	\$2.56	\$1.48	\$1.91	\$1.54	\$1.22	
Total	\$5.72	\$4.56	\$4.63	\$3.36	\$3.62	\$2.54	\$2.97	\$2.60	\$2.28	

BlueChoice, Inc.  
D.C. Individual Exchange Products Rates Effective 1/1/2016  
2015 Enrollment Projections by Product (BlueChoice & GHMSI)

Total Members	GF Members	PPACA Members
14,385	2,770	11,615
On Exchange	100%	11,615

% by FPL Estimate

<150%	0%
151%-200%	0%
201%-250%	2%
>250%	98%
<b>TOTAL</b>	<b>100%</b>

Metal Level	% purchased	Members Purchased	Distribution of Non-GF Membership														
			Member Months	January	February	March	April	May	June	July	August	September	October	November	December		
			60%	10%	10%	10%	10%	3.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%		
<b>TOTAL</b>	<b>100%</b>	<b>11,615</b>															
BlueChoice HMO Young Adult \$6,850	<b>370</b>	<b>370</b>	2,664	407	370	333	89	26	22	19		15	11	7	4	<b>3,966</b>	
<b>Bronze Plans</b>	<b>3,199</b>																
BluePreferred PPO Standard Bronze \$4,500	23%		6,631	1013	921	829	221	64	55	46		37	28	18	9	<b>9,873</b>	
BlueChoice HMO Bronze \$6,850	34%	<b>1,002</b>	7,214	1102	1002	902	240	70	60	50		40	30	20	10	<b>10,741</b>	
BlueChoice HMO Standard Bronze \$4,500	14%	<b>411</b>	2,959	452	411	370	99	29	25	21		16	12	8	4	<b>4,406</b>	
BlueChoice HMO HSA Bronze \$6,000	29%	<b>865</b>	6,228	952	865	779	208	61	52	43		35	26	17	9	<b>9,273</b>	
<b>Silver Plans</b>	<b>1,106</b>																
BlueChoice HMO HSA Silver \$1,350	37%	<b>957</b>	6,890	1053	957	861	230	67	57	48		38	29	19	10	<b>10,259</b>	
CSR 200-250%	6%	<b>149</b>	1,073	164	149	134	36	10	9	7		6	4	3	1	<b>1,597</b>	
CSR 150-200%	0%	<b>0</b>	-	0	0	0	0	0	0	0		0	0	0	0	<b>0</b>	
CSR 100-150%	0%	<b>0</b>	-	0	0	0	0	0	0	0		0	0	0	0	<b>0</b>	
eCross BlueShield Preferred 1600, a Multi-State PI	14%	<b>487</b>	3,506	536	487	438	117	34	29	24		19	15	10	5	<b>5,221</b>	
CSR 200-250%	1%	<b>21</b>	151	23	21	19	5	1	1	1		1	1	0	0	<b>225</b>	
CSR 150-200%	0%	<b>0</b>	-	0	0	0	0	0	0	0		0	0	0	0	<b>0</b>	
CSR 100-150%	0%	<b>0</b>	-	0	0	0	0	0	0	0		0	0	0	0	<b>0</b>	
BlueChoice HMO Standard Silver \$2000	26%	<b>663</b>	4,774	729	663	597	159	46	40	33		27	20	13	7	<b>7,107</b>	
CSR 200-250%	2%	<b>59</b>	425	65	59	53	14	4	4	3		2	2	1	1	<b>632</b>	
CSR 150-200%	0%	<b>0</b>	-	0	0	0	0	0	0	0		0	0	0	0	<b>0</b>	
CSR 100-150%	0%	<b>0</b>	-	0	0	0	0	0	0	0		0	0	0	0	<b>0</b>	
BluePreferred PPO Standard Silver \$2,000	14%	<b>487</b>	3,506	536	487	438	117	34	29	24		19	15	10	5	<b>5,221</b>	
CSR 200-250%	1%	<b>21</b>	151	23	21	19	5	1	1	1		1	1	0	0	<b>225</b>	
CSR 150-200%	0%	<b>0</b>	-	0	0	0	0	0	0	0		0	0	0	0	<b>0</b>	
CSR 100-150%	0%	<b>0</b>	-	0	0	0	0	0	0	0		0	0	0	0	<b>0</b>	
<b>Gold Plans</b>	<b>2,585</b>																
BlueChoice HMO Standard Gold \$500	26%	<b>616</b>	4,435	678	616	554	148	43	37	31		25	18	12	6	<b>6,604</b>	
ueCross BlueShield Preferred 750, a Multi-State PI	12%	<b>381</b>	2,743	419	381	343	91	27	23	19		15	11	8	4	<b>4,084</b>	
BluePreferred PPO Standard Gold \$500	12%	<b>381</b>	2,743	419	381	343	91	27	23	19		15	11	8	4	<b>4,084</b>	
HealthyBlue HMO Gold \$1,000	50%	<b>1,207</b>	8,690	1328	1207	1086	290	84	72	60		48	36	24	12	<b>12,939</b>	
<b>Platinum Plans</b>	<b>2,617</b>																
BlueChoice HMO Standard Platinum \$0	67%	<b>1,599</b>	11,513	1759	1599	1439	384	112	96	80		64	48	32	16	<b>17,141</b>	
BluePreferred PPO Standard Platinum \$0	33%	<b>1,018</b>	7,330	1120	1018	916	244	71	61	51		41	31	20	10	<b>10,913</b>	
<b>BluePreferred Subtotal</b>	<b>32.0%</b>	<b>3,717</b>	<b>26,762</b>	<b>4,089</b>	<b>3,717</b>	<b>3,345</b>	<b>892</b>	<b>260</b>	<b>223</b>	<b>186</b>		<b>149</b>	<b>112</b>	<b>74</b>	<b>37</b>	<b>39,846</b>	Member Months
<b>BlueChoice Subtotal</b>	<b>68.0%</b>	<b>7,898</b>	<b>56,866</b>	<b>8,688</b>	<b>7,898</b>	<b>7,108</b>	<b>1,896</b>	<b>553</b>	<b>474</b>	<b>395</b>		<b>316</b>	<b>237</b>	<b>158</b>	<b>79</b>	<b>84,667</b>	Member Months
<b>Grand Total</b>		<b>11,615</b>	<b>83,628</b>	<b>12,777</b>	<b>11,615</b>	<b>10,454</b>	<b>2,788</b>	<b>813</b>	<b>697</b>	<b>581</b>		<b>465</b>	<b>348</b>	<b>232</b>	<b>116</b>	<b>124,513</b>	

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**Pricing AV**

Projected EMMS	Plan Name	AV w/ Federal model	AV from internal Model	AV from internal Model	Induced Utilization (Adj. allowed per fed Model)	Induced Utilization	HSA vs Non-HSA	Network Factors	Network Factors
		(Different allowed per metal)	(Fixed allowed per metal)	All Silver at Base		Scaled	Scaled		Scaled
3,966	BlueChoice HMO Young Adult \$6,850		51.1%	51.1%	1.00	0.82	0.85	1.05	1.00
10,741	BlueChoice HMO Bronze \$6,850	59.0%	48.2%	48.2%	1.00	0.82	0.85	1.05	1.00
9,273	BlueChoice HMO HSA Bronze \$6,000	61.8%	47.2%	47.2%	1.00	0.82	0.85	1.05	1.00
10,259	BlueChoice HMO HSA Silver \$1,350	70.5%	62.6%	62.6%	1.15	0.94	0.85	1.05	1.00
1,597	CSR 200-250%	73.6%	66.1%	62.6%	1.10	0.90	1.02	1.05	1.00
4,406	BlueChoice HMO Standard Bronze \$4,500	61.4%	55.1%	55.1%	1.00	0.82	1.02	1.05	1.00
6,604	BlueChoice HMO Standard Gold \$500	80.2%	79.2%	79.2%	1.20	0.98	1.02	1.05	1.00
7,107	BlueChoice HMO Standard Silver \$2000	<b>70.4%</b>	64.4%	<b>64.4%</b>	<b>1.15</b>	<b>0.94</b>	<b>1.02</b>	<b>1.05</b>	<b>1.00</b>
632	CSR 200-250%	73.0%	66.9%	64.4%	1.10	0.90	1.02	1.05	1.00
12,939	HealthyBlue HMO Gold \$1,000	78.1%	76.3%	76.3%	1.20	0.98	1.02	1.05	1.00
17,141	BlueChoice HMO Standard Platinum \$0	90.5%	88.8%	88.8%	1.30	1.06	1.02	1.05	1.00
<b>84,666</b>			<b>67.1%</b>	<b>67.0%</b>	<b>1.14</b>	<b>0.93</b>	<b>0.95</b>	<b>1.05</b>	<b>1.00</b>
	<b>Silver Average</b>		<b>63.7%</b>						
	Fed Ave Cost-Share Subsidy on Silver		0.3%						

Support for the normalization of factors can be found on page 33.

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**

**Support for Normalization Across Individual (Ind) and Small Group (SG)**

<b>Metal Level</b>	<b>Market</b>	<b>Initial Factor</b>	<b>Projected MMs</b>	<b>Normalized Factors</b>
<b>Platinum</b>	SG & Ind	1.300	287,209	1.062
<b>Gold</b>	SG & Ind	1.200	152,762	0.980
<b>Silver</b>	SG & Ind	1.150	126,441	0.940
<b>Silver 200</b>	Ind	1.100	2,498	0.899
<b>Catastrophic</b>	Ind	1.000	4,417	0.817
<b>Bronze</b>	SG & Ind	1.000	33,636	0.817
		1.224	606,963	

<b>Network</b>	<b>Market</b>	<b>Initial Factor</b>	<b>Projected MMs</b>	<b>Normalized Factors</b>
<b>Lock In / Referral</b>	SG	1.000	82,896	0.950
<b>Open Access</b>	SG	1.050	116,160	0.997
<b>BlueChoice Open Access</b>	Ind	1.050	94,755	0.997
<b>Open Access Plus</b>	SG	1.078	81,444	1.024
<b>Open Access Opt-Out</b>	SG	1.064	93,684	1.011
<b>Open Access Advantage</b>	SG	1.066	138,024	1.013
		1.053	606,963	

	<b>Market</b>	<b>Initial Factor</b>	<b>Projected MMs</b>	<b>Normalized Factors</b>
<b>HSA/HRA</b>	SG	0.960	109,716	0.960
<b>HSA</b>	Ind	0.850	26,265	0.850
<b>Other</b>	SG & Ind		470,982	1.018

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**Catastrophic Adjustment**

Cat Age-normalized PMPM	\$	63.41
BC SRP age-normalized PMPM	\$	340.76
Member Months		3,068
Full Credibility		24,000
% Credible		36%
Cred-Adjusted Cat PMPM	\$	241.60
<b>Catastrophic Factor</b>		<b>0.709</b>

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**Age Factor Calibration**

District of Columbia  
BlueChoice

Member Age	Member Count	Total*Age Factor	Age Rate
0-20	699	457	\$ 222.65
21	23	17	\$ 247.51
22	36	26	\$ 247.51
23	47	34	\$ 247.51
24	50	36	\$ 247.51
25	75	55	\$ 247.51
26	139	101	\$ 247.51
27	348	253	\$ 247.51
28	379	282	\$ 253.30
29	352	268	\$ 258.74
30	356	277	\$ 265.21
31	335	268	\$ 272.02
32	312	255	\$ 278.15
33	279	233	\$ 284.62
34	294	252	\$ 291.43
35	242	212	\$ 298.23
36	242	217	\$ 305.04
37	182	167	\$ 311.85
38	188	174	\$ 315.60
39	171	160	\$ 319.34
40	158	154	\$ 331.94
41	133	135	\$ 344.88
42	138	145	\$ 358.49
43	150	164	\$ 372.45
44	135	153	\$ 387.09
45	126	149	\$ 402.07
46	127	156	\$ 417.73
47	130	166	\$ 434.07
48	91	121	\$ 451.10
49	123	169	\$ 468.80
50	137	196	\$ 487.19
51	103	153	\$ 506.25
52	77	119	\$ 526.00
53	113	181	\$ 546.42
54	104	173	\$ 567.87
55	76	132	\$ 590.00
56	107	193	\$ 613.15
57	102	191	\$ 636.98
58	113	220	\$ 661.84
59	105	212	\$ 687.71
60	88	185	\$ 714.61
61	115	251	\$ 742.52
62	90	196	\$ 742.52
63	111	242	\$ 742.52
64+	291	635	\$ 742.52
<b>Grand Total</b>	<b>7,792</b>	<b>8,534</b>	

**Avg Age Factor: 1.095 = 8,534/7,792**

**\$ 372.88**

**Interpolated Age: (based on DC Age Curve) 43.03**      **Closest Age: (as an Integer, based on DC Age Curve) 43.0**

**Avg Age Factor: 1.095**      **DC Factor (matching above integer) 1.094**

Value of calibration factor - adjustment to DC Factor

**1/1.095 = 0.913**      **Calibration Factor: 1/1.094 = 0.914**

0.1%

= 0.914/0.913 - 1

# Appendix



**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**

**Rating Methodology**

Rates in 2016 will be developed using a member-level build-up.

For each member in a family, that member's age and geographic factor will be multiplied together to get the composite member factor.

Once the member's composite factor is computed, they are added together to get the total factor for policy. Each family member is included in the calculation, except for families that have four or more children 20 years or younger. For these families, only the three oldest children under 21 years of age are included. All children 21 years or older are included for all families.

Note that the factors are not rounded when they are multiplied. The multiplication of a 3-digit age factor and a 3-digit geo factor result in a composite factor with 9 digits after the decimal.

After the policy's total factor is computed by summing the family members, this total factor is multiplied by the base rate. The final result is then rounded to the nearest dollar.

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**Reserve Calculation Methodology**

We use an IBNR model which is based on the most recent 36 lag months. The great majority of our IBNR is held in the first few lag months (lags 0 through 2), and the completion factors for lags 0-2 are more variable than for other lags. We use a variety of metrics for setting our Incurred Claim estimate for lags 0-2. The metrics we consider include, but are not limited to, incurred claims trend, straight paid claims, inventory levels, loss ratios, and seasonal effects.

For lags 3-35, we use an IBNR method called "Chain and Ladder" method in calculating the IBNR. For lags 36-41, we retain history to have available additional trend factors to be used in the analysis of the reserves. We assume the claims in lags 36-41 are to be 100% complete. The chain-and-ladder develops a set of completion factors based on the completion ratio experience for each product.

The Chain and Ladder model uses the most recent 6 completion ratios for a given lag duration (0 to 34) and applies a smoothing method to estimate these completion ratios. Assuming a completion factor of 1.0 for lags 35 and greater, the completion factor for lag 34 is calculated by taking the product of the estimated completion ratio and completion factor for lag 35. Completion factors for lags 33 to 0 are calculated using this method. We divide the "paid to date" dollars by these completion factors for the given lag month which in turn is used to develop an estimated total incurred amount and corresponding IBNR.

All these factors are considered together to choose an incurred dollar estimate that is consistent with the completion factors, trends, and loss ratios that we have experienced historically for the product line for which we are setting the reserve.

The claims in this experience period of data run from January 2010 and are paid through March 2014. The claims are also incurred through the same time period. All of the months are completed using the methodology described above. Please see the paid, completion factors and corresponding reserve on the next pages. But, for purposes of pricing we only consider an experience period of January 2013 with paid through March 2014 and incurred through December 2013, or an Incurred 12, Paid 15 experience period. Thus we do not include the most recent 2 months in our rating estimates since these months have a higher probability of recasting.

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**  
**2015 DC Age Rating Factors**

Age Band	Age Factor	Age Factor %Δ
0-20	0.654	
21	0.727	11.2%
22	0.727	0.0%
23	0.727	0.0%
24	0.727	0.0%
25	0.727	0.0%
26	0.727	0.0%
27	0.727	0.0%
28	0.744	2.3%
29	0.760	2.2%
30	0.779	2.5%
31	0.799	2.6%
32	0.817	2.3%
33	0.836	2.3%
34	0.856	2.4%
35	0.876	2.3%
36	0.896	2.3%
37	0.916	2.2%
38	0.927	1.2%
39	0.938	1.2%
40	0.975	3.9%
41	1.013	3.9%
42	1.053	3.9%
43	1.094	3.9%
44	1.137	3.9%
45	1.181	3.9%
46	1.227	3.9%
47	1.275	3.9%
48	1.325	3.9%
49	1.377	3.9%
50	1.431	3.9%
51	1.487	3.9%
52	1.545	3.9%
53	1.605	3.9%
54	1.668	3.9%
55	1.733	3.9%
56	1.801	3.9%
57	1.871	3.9%
58	1.944	3.9%
59	2.020	3.9%
60	2.099	3.9%
61	2.181	3.9%
62	2.181	0.0%
63	2.181	0.0%
64+	2.181	0.0%

CareFirst BlueCross BlueShield (BlueChoice)  
D.C. Individual Exchange Products - Rates Effective 1/1/2016  
**BlueChoice D.C. Small Group & Individual Base Experience Medical Inpatient**  
Experience Period: Incurred 201301 - 201312, Paid through 201403

						Completed		Rolling 12 PMPM			Rolling 12 Trend					
Month	Contracts	Members	Allowed	Admits	Completion Factor	Allowed	Admits	Allowed	Admits/1000	Unit Cost	Allowed	Admits/1000	Unit Cost			
201204	18,927	29,947	1,352,416	118	1.00	1,352,416	118									
201205	18,931	30,011	1,566,114	128	1.00	1,566,114	128									
201206	19,349	30,670	1,372,730	124	1.00	1,372,730	124									
201207	19,464	30,872	1,854,598	134	1.00	1,854,598	134									
201208	19,823	31,386	1,532,139	138	1.00	1,532,139	138									
201209	20,064	31,742	1,860,846	137	1.00	1,860,846	137									
201210	20,264	32,044	2,021,059	144	1.00	2,021,059	144									
201211	20,841	32,962	1,096,691	123	1.00	1,096,691	123									
201212	21,164	33,424	1,388,252	129	1.00	1,388,257	129									
201301	21,705	34,343	1,923,723	150	1.00	1,923,751	150									
201302	21,744	34,392	1,674,256	162	1.00	1,674,307	162									
201303	21,951	34,732	3,797,381	155	1.00	3,797,793	155							55.47	50.98	\$13,057.48
201304	22,199	35,135	2,580,463	146	1.00	2,580,781	146							57.87	51.16	\$13,573.95
201305	22,328	35,161	1,900,521	155	1.00	1,900,808	155							57.96	51.31	\$13,555.02
201306	22,753	35,868	1,497,305	148	1.00	1,497,618	148							57.53	51.37	\$13,438.32
201307	23,068	36,380	3,035,867	186	1.00	3,036,624	186							59.65	52.21	\$13,710.49
201308	23,547	37,237	2,153,733	187	1.00	2,154,370	187							60.31	52.89	\$13,682.87
201309	23,813	37,625	2,248,127	177	1.00	2,249,038	177							60.39	53.30	\$13,596.89
201310	23,796	37,653	2,085,277	154	1.00	2,086,237	154							59.74	52.88	\$13,558.58
201311	24,074	38,221	1,927,448	171	1.00	1,928,469	171							60.95	53.57	\$13,652.22
201312	25,031	39,843	2,226,044	156	1.00	2,227,361	156							61.97	53.53	\$13,893.15
201401	27,206	43,465	2,681,929	194	1.00	2,684,046	194	62.41	53.62	\$13,966.90						
201402	27,601	44,007	2,016,284	186	1.00	2,018,082	186	61.85	53.13	\$13,970.02						
201403	27,832	44,140	2,393,464	207	1.00	2,397,152	207	57.58	53.40	\$12,939.49				3.8%	4.8%	-0.9%
201404	28,327	44,733	1,791,283	164	1.00	1,795,065	164	54.76	52.78	\$12,449.23				-5.4%	3.2%	-8.3%
201405	29,569	45,924	2,296,617	195	1.00	2,303,650	196	54.38	52.62	\$12,401.14				-6.2%	2.5%	-8.5%
201406	29,310	45,593	2,623,980	190	1.00	2,635,972	191	55.61	52.62	\$12,680.89				-3.3%	2.4%	-5.6%
201407	29,064	45,241	2,196,737	177	0.99	2,211,084	178	52.99	51.51	\$12,345.33				-11.2%	-1.3%	-10.0%
201408	29,006	45,084	1,613,197	184	0.99	1,627,750	186	51.15	50.69	\$12,109.63				-15.2%	-4.2%	-11.5%
201409	28,651	44,519	2,859,479	175	0.99	2,899,674	177	51.72	50.02	\$12,408.49				-14.3%	-6.1%	-8.7%
201410	28,379	44,054	2,202,003	179	0.98	2,244,952	182	51.39	50.06	\$12,319.92				-14.0%	-5.3%	-9.1%
201411	28,170	43,731	2,217,395	176	0.96	2,316,488	184	51.59	49.83	\$12,424.29				-15.3%	-7.0%	-9.0%
201412	27,173	42,121	1,991,670	161	0.94	2,130,069	172	51.19	49.98	\$12,290.06				-17.4%	-6.6%	-11.5%
Experience																
Period	340,288	532,612	26,884,038	2,188	0.99	27,263,984	2,218									
201403	27,832	44,140											3.8%	4.8%	-0.9%	
201409	28,651	44,519											-14.3%	-6.1%	-8.7%	
201412	27,173	42,121											-17.4%	-6.6%	-11.5%	
Avg last 6 months	28,407	44,125											-14.6%	-5.1%	-10.0%	
Selected Pricing Trend												0.0%	0.0%			

CareFirst BlueCross BlueShield (BlueChoice)  
D.C. Individual Exchange Products - Rates Effective 1/1/2016  
**BlueChoice D.C. Small Group & Individual Base Experience Medical Outpatient**  
Experience Period: Incurred 201301 - 201312, Paid through 201403

						Completed		Rolling 12 PMPM			Rolling 12 Trend					
Month	Contracts	Members	Allowed	Visits	Completion Factor	Allowed	Visits	Allowed	Visits/1000	Unit Cost	Allowed	Visits/1000	Unit Cost			
201204	18,927	29,947	1,313,869	1,315	1.00	1,313,869	1,315									
201205	18,931	30,011	1,540,705	1,503	1.00	1,540,705	1,503									
201206	19,349	30,670	1,727,753	1,416	1.00	1,727,753	1,416									
201207	19,464	30,872	1,668,475	1,499	1.00	1,668,475	1,499									
201208	19,823	31,386	1,850,484	1,525	1.00	1,850,484	1,525									
201209	20,064	31,742	1,424,277	1,451	1.00	1,424,277	1,451									
201210	20,264	32,044	1,598,230	1,542	1.00	1,598,230	1,542									
201211	20,841	32,962	1,520,991	1,431	1.00	1,520,991	1,431									
201212	21,164	33,424	1,789,951	1,500	1.00	1,789,966	1,500									
201301	21,705	34,343	1,785,586	1,649	1.00	1,785,605	1,649									
201302	21,744	34,392	1,948,992	1,537	1.00	1,949,015	1,537									
201303	21,951	34,732	1,684,821	1,599	1.00	1,685,016	1,599							51.37	557.81	\$1,105.03
201304	22,199	35,135	1,832,813	1,704	1.00	1,833,047	1,704							52.01	562.34	\$1,109.88
201305	22,328	35,161	2,310,575	1,762	1.00	2,310,919	1,762							53.28	562.89	\$1,135.80
201306	22,753	35,868	1,950,434	1,636	1.00	1,950,840	1,636							53.14	562.19	\$1,134.36
201307	23,068	36,380	2,183,432	1,666	1.00	2,183,976	1,666							53.69	559.52	\$1,151.49
201308	23,547	37,237	1,951,020	1,607	1.00	1,951,611	1,608							53.17	553.99	\$1,151.81
201309	23,813	37,625	1,945,312	1,650	1.00	1,946,091	1,651							53.67	551.94	\$1,166.94
201310	23,796	37,653	2,105,169	1,787	1.00	2,106,098	1,788							54.16	551.59	\$1,178.26
201311	24,074	38,221	2,171,249	1,711	1.00	2,172,383	1,712							55.01	552.68	\$1,194.44
201312	25,031	39,843	2,231,152	1,684	1.00	2,232,570	1,685							55.22	549.64	\$1,205.52
201401	27,206	43,465	2,758,525	1,916	1.00	2,760,609	1,917	56.27	545.62	\$1,237.66						
201402	27,601	44,007	2,668,594	1,848	1.00	2,670,897	1,850	56.67	542.34	\$1,253.94						
201403	27,832	44,140	2,548,671	1,897	1.00	2,552,470	1,900	57.39	539.12	\$1,277.43				11.7%	-3.4%	15.6%
201404	28,327	44,733	2,622,608	1,973	1.00	2,628,136	1,977	57.91	535.12	\$1,298.53				11.3%	-4.8%	17.0%
201405	29,569	45,924	2,709,079	2,128	1.00	2,717,172	2,134	57.46	532.45	\$1,294.95				7.8%	-5.4%	14.0%
201406	29,310	45,593	2,383,594	1,977	1.00	2,394,566	1,986	57.23	530.47	\$1,294.53				7.7%	-5.6%	14.1%
201407	29,064	45,241	2,804,256	2,025	0.99	2,822,490	2,038	57.49	530.00	\$1,301.60				7.1%	-5.3%	13.0%
201408	29,006	45,084	2,440,051	1,872	0.99	2,461,900	1,889	57.60	528.46	\$1,308.00				8.3%	-4.6%	13.6%
201409	28,651	44,519	2,325,981	1,951	0.99	2,358,777	1,979	57.63	529.03	\$1,307.29				7.4%	-4.2%	12.0%
201410	28,379	44,054	2,670,357	2,016	0.98	2,722,341	2,055	58.10	528.69	\$1,318.82				7.3%	-4.2%	11.9%
201411	28,170	43,731	2,248,135	1,734	0.96	2,350,092	1,816	57.84	525.55	\$1,320.57				5.1%	-4.9%	10.6%
201412	27,173	42,121	2,148,106	1,701	0.94	2,297,416	1,819	57.71	526.32	\$1,315.76				4.5%	-4.2%	9.1%
Experience																
Period	340,288	532,612	30,327,958	23,038	0.99	30,736,866	23,360									
201403	27,832	44,140									11.7%	-3.4%	15.6%			
201409	28,651	44,519									7.4%	-4.2%	12.0%			
201412	27,173	42,121									4.5%	-4.2%	9.1%			
Avg last 6 months	28,407	44,125									6.6%	-4.6%	11.7%			
Selected Pricing Trend												0.0%		11.0%		

CareFirst BlueCross BlueShield (BlueChoice)  
D.C. Individual Exchange Products - Rates Effective 1/1/2016  
**BlueChoice D.C. Small Group & Individual Base Experience Medical Professional**  
Experience Period: Incurred 201301 - 201312, Paid through 201403

						Completed		Rolling 12 MPPM			Rolling 12 Trend		
Month	Contracts	Members	Allowed	Visits	Completion Factor	Allowed	Visits	Allowed	Visits/1000	Unit Cost	Allowed	Visits/1000	Unit Cost
201204	18,927	29,947	2,973,560	21,248	1.00	2,973,560	21,248						
201205	18,931	30,011	3,191,235	22,686	1.00	3,191,235	22,686						
201206	19,349	30,670	3,028,133	21,842	1.00	3,028,133	21,842						
201207	19,464	30,872	3,125,376	21,279	1.00	3,125,376	21,279						
201208	19,823	31,386	3,413,945	24,039	1.00	3,413,945	24,039						
201209	20,064	31,742	3,010,507	20,820	1.00	3,010,507	20,820						
201210	20,264	32,044	3,314,635	23,254	1.00	3,314,635	23,254						
201211	20,841	32,962	3,143,901	22,557	1.00	3,143,901	22,557						
201212	21,164	33,424	3,090,699	21,899	1.00	3,090,725	21,899						
201301	21,705	34,343	3,983,879	27,122	1.00	3,983,924	27,122						
201302	21,744	34,392	3,638,582	24,369	1.00	3,638,644	24,369						
201303	21,951	34,732	3,723,854	24,797	1.00	3,724,286	24,800						
201304	22,199	35,135	3,918,600	27,747	1.00	3,919,106	27,751						
201305	22,328	35,161	3,895,203	26,939	1.00	3,895,794	26,943						
201306	22,753	35,868	3,521,846	24,830	1.00	3,522,607	24,835						
201307	23,068	36,380	3,886,391	27,140	1.00	3,887,385	27,147						
201308	23,547	37,237	3,886,403	27,457	1.00	3,887,593	27,465						
201309	23,813	37,625	3,816,916	27,139	1.00	3,818,480	27,150						
201310	23,796	37,653	4,245,237	30,932	1.00	4,247,147	30,946						
201311	24,074	38,221	3,821,434	26,790	1.00	3,823,376	26,804						
201312	25,031	39,843	3,701,684	25,732	1.00	3,703,946	25,748						
201401	27,206	43,465	4,836,164	32,025	1.00	4,840,033	32,051	105.24	8,777.19	\$143.89			
201402	27,601	44,007	4,251,250	29,116	1.00	4,254,959	29,141	104.37	8,717.61	\$143.67			
201403	27,832	44,140	4,553,342	31,217	1.00	4,560,218	31,264	104.06	8,708.05	\$143.40			
201404	28,327	44,733	4,802,478	32,856	1.00	4,812,722	32,926	103.84	8,662.78	\$143.84			
201405	29,569	45,924	4,718,405	32,869	1.00	4,732,649	32,968	103.26	8,619.62	\$143.76			
201406	29,310	45,593	4,640,441	32,770	1.00	4,661,920	32,922	103.53	8,646.31	\$143.69			
201407	29,064	45,241	4,787,155	32,657	0.99	4,818,360	32,870	103.56	8,630.55	\$143.99			
201408	29,006	45,084	4,473,905	30,862	0.99	4,513,922	31,138	103.20	8,584.30	\$144.26			
201409	28,651	44,519	4,669,946	32,014	0.99	4,735,697	32,465	103.59	8,593.17	\$144.66			
201410	28,379	44,054	5,012,048	36,036	0.98	5,109,657	36,738	103.97	8,620.80	\$144.73			
201411	28,170	43,731	4,128,834	29,269	0.96	4,319,160	30,631	103.83	8,617.83	\$144.58			
201412	27,173	42,121	4,038,947	28,540	0.93	4,320,549	30,528	104.54	8,688.68	\$144.38			
Experience Period	340,288	532,612	54,912,914	380,231	0.99	55,679,844	385,641						
201403	27,832	44,140									1.5%	1.7%	-0.2%
201409	28,651	44,519									-0.9%	-1.6%	0.8%
201412	27,173	42,121									-0.9%	-1.5%	0.7%
Avg last 6 months	28,407	44,125									-1.1%	-1.7%	0.6%
Selected Pricing Trend												1.0%	3.0%

CareFirst BlueCross BlueShield (BlueChoice)  
D.C. Individual Exchange Products - Rates Effective 1/1/2016  
**BlueChoice D.C. Small Group & Individual Base Experience Medical Other**  
Experience Period: Incurred 201301 - 201312, Paid through 201403

						Completed		Rolling 12 PMPM			Rolling 12 Trend					
Month	Contracts	Members	Allowed	Services	Completion Factor	Allowed	Services	Allowed	Services/1000	Unit Cost	Allowed	Services/1000	Unit Cost			
201204	18,927	29,947	370,650	1,425	1.00	370,650	1,425									
201205	18,931	30,011	346,626	1,464	1.00	346,626	1,464									
201206	19,349	30,670	321,803	1,422	1.00	321,803	1,422									
201207	19,464	30,872	326,660	1,337	1.00	326,660	1,337									
201208	19,823	31,386	313,759	1,319	1.00	313,759	1,319									
201209	20,064	31,742	377,954	1,552	1.00	377,954	1,552									
201210	20,264	32,044	397,861	1,732	1.00	397,861	1,732									
201211	20,841	32,962	398,450	1,582	1.00	398,450	1,582									
201212	21,164	33,424	345,256	1,484	1.00	345,259	1,484									
201301	21,705	34,343	525,748	2,033	1.00	525,755	2,033									
201302	21,744	34,392	542,721	1,752	1.00	542,732	1,752									
201303	21,951	34,732	458,964	1,678	1.00	459,018	1,678							12.23	583.05	\$251.68
201304	22,199	35,135	385,163	1,827	1.00	385,213	1,827							12.10	587.65	\$247.16
201305	22,328	35,161	432,784	1,830	1.00	432,854	1,830							12.16	591.10	\$246.94
201306	22,753	35,868	422,268	1,864	1.00	422,358	1,864							12.26	596.66	\$246.50
201307	23,068	36,380	480,741	1,908	1.00	480,870	1,908							12.47	605.42	\$247.15
201308	23,547	37,237	494,712	1,987	1.00	494,865	1,988							12.73	616.26	\$247.90
201309	23,813	37,625	487,080	1,860	1.00	487,283	1,861							12.81	616.45	\$249.42
201310	23,796	37,653	553,898	2,085	1.00	554,156	2,086							13.01	618.30	\$252.53
201311	24,074	38,221	427,481	1,744	1.00	427,694	1,745							12.92	615.29	\$251.99
201312	25,031	39,843	511,574	1,633	1.00	511,909	1,634							13.11	610.36	\$257.79
201401	27,206	43,465	470,962	1,925	1.00	471,343	1,926	12.72	595.00	\$256.58						
201402	27,601	44,007	440,635	2,068	1.00	441,025	2,070	12.23	590.80	\$248.41						
201403	27,832	44,140	538,580	2,523	1.00	539,406	2,527	12.16	600.75	\$242.80				-0.6%	3.0%	-3.5%
201404	28,327	44,733	505,364	2,402	1.00	506,460	2,407	12.16	603.26	\$241.98				0.5%	2.7%	-2.1%
201405	29,569	45,924	620,523	2,617	1.00	622,408	2,625	12.29	609.53	\$241.88				1.0%	3.1%	-2.1%
201406	29,310	45,593	637,259	2,487	1.00	640,247	2,498	12.48	612.92	\$244.43				1.9%	2.7%	-0.8%
201407	29,064	45,241	656,490	3,006	0.99	660,790	3,025	12.62	628.75	\$240.90				1.2%	3.9%	-2.5%
201408	29,006	45,084	679,536	3,045	0.99	685,615	3,072	12.80	644.54	\$238.34				0.6%	4.6%	-3.9%
201409	28,651	44,519	555,113	2,736	0.99	562,967	2,774	12.78	657.11	\$233.34				-0.3%	6.6%	-6.5%
201410	28,379	44,054	530,641	3,301	0.98	540,993	3,366	12.60	678.36	\$222.82				-3.2%	9.7%	-11.8%
201411	28,170	43,731	595,948	2,729	0.96	623,424	2,872	12.83	696.83	\$221.02				-0.7%	13.3%	-12.3%
201412	27,173	42,121	546,154	3,029	0.93	584,243	3,244	12.92	730.12	\$212.27				-1.5%	19.6%	-17.7%
Experience																
Period	340,288	532,612	6,777,204	31,868	0.99	6,878,923	32,406									
201403	27,832	44,140														
201409	28,651	44,519														
201412	27,173	42,121														
Avg last 6 months	28,407	44,125														
Selected Pricing Trend												8.0%	0.0%			

CareFirst BlueCross BlueShield (BlueChoice)  
D.C. Individual Exchange Products - Rates Effective 1/1/2016  
**BlueChoice D.C. Small Group & Individual Base Experience Rx**  
Experience Period: Incurred 201301 - 201312, Paid through 201403

						Completed		Rolling 12 PMPM			Rolling 12 Trend					
Month	Contracts	Members	Allowed	Scripts	Completion Factor	Allowed	Scripts	Allowed	Scripts/1000	Unit Cost	Allowed	Scripts/1000	Unit Cost			
201204	18,927	29,947	2,323,500	20,912	1.00	2,323,500	20,912									
201205	18,931	30,011	2,408,033	21,595	1.00	2,408,033	21,595									
201206	19,349	30,670	2,286,624	20,568	1.00	2,286,624	20,568									
201207	19,464	30,872	2,367,272	21,193	1.00	2,367,272	21,193									
201208	19,823	31,386	2,377,507	21,756	1.00	2,377,507	21,756									
201209	20,064	31,742	2,238,116	20,677	1.00	2,238,116	20,677									
201210	20,264	32,044	2,446,647	22,322	1.00	2,446,647	22,322									
201211	20,841	32,962	2,563,370	22,730	1.00	2,563,370	22,730									
201212	21,164	33,424	2,472,120	23,371	1.00	2,472,120	23,371									
201301	21,705	34,343	2,878,916	25,750	1.00	2,878,916	25,750									
201302	21,744	34,392	2,530,130	23,080	1.00	2,530,130	23,080									
201303	21,951	34,732	2,777,080	24,125	1.00	2,777,080	24,125							76.76	8,322.74	\$110.67
201304	22,199	35,135	2,768,917	25,164	1.00	2,768,917	25,164							76.88	8,342.77	\$110.58
201305	22,328	35,161	3,033,995	25,222	1.00	3,033,995	25,222							77.46	8,344.18	\$111.40
201306	22,753	35,868	2,800,449	24,033	1.00	2,800,449	24,033							77.74	8,339.72	\$111.85
201307	23,068	36,380	3,004,084	25,434	1.00	3,004,084	25,434							78.25	8,351.88	\$112.43
201308	23,547	37,237	3,225,415	25,331	1.00	3,225,415	25,331							79.19	8,337.45	\$113.98
201309	23,813	37,625	2,989,669	24,620	1.00	2,989,669	24,620							79.87	8,333.32	\$115.02
201310	23,796	37,653	3,381,249	26,473	1.00	3,381,249	26,473							81.02	8,340.54	\$116.56
201311	24,074	38,221	3,186,695	25,216	1.00	3,186,695	25,216							81.48	8,307.92	\$117.68
201312	25,031	39,843	3,474,844	26,991	1.00	3,474,844	26,991							82.58	8,285.27	\$119.60
201401	27,206	43,465	3,340,884	28,993	1.00	3,340,884	28,993	81.92	8,203.02	\$119.84						
201402	27,601	44,007	3,102,320	27,237	1.00	3,102,320	27,237	81.45	8,139.35	\$120.08						
201403	27,832	44,140	3,508,710	29,929	1.00	3,508,710	29,929	81.37	8,124.45	\$120.19				6.0%	-2.4%	8.6%
201404	28,327	44,733	3,575,345	31,107	1.00	3,575,345	31,107	81.43	8,110.40	\$120.48				5.9%	-2.8%	8.9%
201405	29,569	45,924	3,524,435	31,103	1.00	3,524,435	31,103	80.63	8,075.94	\$119.81				4.1%	-3.2%	7.6%
201406	29,310	45,593	3,544,630	30,293	1.00	3,544,630	30,293	80.55	8,069.03	\$119.79				3.6%	-3.2%	7.1%
201407	29,064	45,241	3,783,011	30,440	1.00	3,783,011	30,440	80.68	8,046.34	\$120.32				3.1%	-3.7%	7.0%
201408	29,006	45,084	3,482,417	29,452	1.00	3,482,417	29,452	79.95	8,019.58	\$119.62				1.0%	-3.8%	5.0%
201409	28,651	44,519	3,436,039	29,181	1.00	3,436,039	29,181	79.74	8,018.51	\$119.34				-0.2%	-3.8%	3.8%
201410	28,379	44,054	3,684,045	30,501	1.00	3,684,045	30,501	79.35	8,012.81	\$118.83				-2.1%	-3.9%	1.9%
201411	28,170	43,731	3,187,891	27,893	1.00	3,187,891	27,893	78.53	7,990.13	\$117.93				-3.6%	-3.8%	0.2%
201412	27,173	42,121	3,446,524	29,483	1.00	3,446,524	29,483	78.14	8,012.11	\$117.03				-5.4%	-3.3%	-2.1%
Experience																
Period	340,288	532,612	41,616,251	355,612	1.00	41,616,251	355,612									
201403	27,832	44,140									6.0%	-2.4%	8.6%			
201409	28,651	44,519									-0.2%	-3.8%	3.8%			
201412	27,173	42,121									-5.4%	-3.3%	-2.1%			
Avg last 6 months	28,407	44,125									-1.2%	-3.7%	2.6%			
Selected Pricing Trend												0.0%	13.0%			



CareFirst BlueCross BlueShield (BlueChoice)  
D.C. Individual Exchange Products - Rates Effective 1/1/2016  
**BlueChoice D.C. Small Group & Individual Base Experience Medical and Rx Total**  
Experience Period: Incurred 201301 - 201312, Paid through 201403

Month	Contracts	Members	Allowed	Completion Factor	Completed	Rolling 12 PMPM	Rolling 12 Trend		
					Allowed	Allowed	Allowed	Services/1000	Unit Cost
201204	18,927	29,947	8,333,994	1.00	8,333,994				
201205	18,931	30,011	9,052,712	1.00	9,052,712				
201206	19,349	30,670	8,737,043	1.00	8,737,043				
201207	19,464	30,872	9,342,380	1.00	9,342,380				
201208	19,823	31,386	9,487,834	1.00	9,487,834				
201209	20,064	31,742	8,911,700	1.00	8,911,700				
201210	20,264	32,044	9,778,431	1.00	9,778,431				
201211	20,841	32,962	8,723,403	1.00	8,723,403				
201212	21,164	33,424	9,086,278	1.00	9,086,327				
201301	21,705	34,343	11,097,851	1.00	11,097,951				
201302	21,744	34,392	10,334,681	1.00	10,334,828				
201303	21,951	34,732	12,442,101	1.00	12,443,193	298.38			
201304	22,199	35,135	11,485,956	1.00	11,487,064	302.47			
201305	22,328	35,161	11,573,078	1.00	11,574,371	304.90			
201306	22,753	35,868	10,192,302	1.00	10,193,871	304.58			
201307	23,068	36,380	12,590,515	1.00	12,592,940	308.44			
201308	23,547	37,237	11,711,283	1.00	11,713,853	309.46			
201309	23,813	37,625	11,487,103	1.00	11,490,560	311.27			
201310	23,796	37,653	12,370,829	1.00	12,374,887	313.27			
201311	24,074	38,221	11,534,306	1.00	11,538,617	315.99			
201312	25,031	39,843	12,145,299	1.00	12,150,629	318.36			
201401	27,206	43,465	14,088,463	1.00	14,096,915	318.57			
201402	27,601	44,007	12,479,083	1.00	12,487,283	316.57			
201403	27,832	44,140	13,542,768	1.00	13,557,956	312.56	4.8%		
201404	28,327	44,733	13,297,077	1.00	13,317,729	310.10	2.5%		
201405	29,569	45,924	13,869,059	1.00	13,900,315	308.01	1.0%		
201406	29,310	45,593	13,829,903	1.00	13,877,335	309.40	1.6%		
201407	29,064	45,241	14,227,650	1.00	14,295,735	307.34	-0.4%		
201408	29,006	45,084	12,689,107	0.99	12,771,604	304.69	-1.5%		
201409	28,651	44,519	13,846,557	0.99	13,993,153	305.47	-1.9%		
201410	28,379	44,054	14,099,093	0.99	14,301,987	305.42	-2.5%		
201411	28,170	43,731	12,378,203	0.97	12,797,056	304.62	-3.6%		
201412	27,173	42,121	12,171,401	0.95	12,778,801	304.49	-4.4%		

**Experience**

**Period      340,288      532,612      160,518,365      0.99      162,175,869**

201403	27,832	44,140			4.8%	0.0%	0.0%
201409	28,651	44,519			-1.9%	0.0%	0.0%
201412	27,173	42,121			-4.4%	0.0%	0.0%
Avg last 6 months	28,407	44,125			-2.4%	#DIV/0!	#DIV/0!

**BlueChoice, Inc.**  
**D.C. Individual Exchange Products Rates Effective 1/1/2016**

**DC Combined - Small Group & Individual Capitations**

<u>Description</u>	<u>1/1/14 PMPM</u>	<u>1/1/15 PMPM</u>	<u>1/1/16 PMPM</u>
Mental Health UR	\$0.94	\$0.60	\$0.51
Nurse Hotline	\$0.04	\$0.04	\$0.05
Wellness*	\$0.25	\$0.25	\$0.25
Embedded Pediatric Vision **	\$0.26	\$0.26	\$0.26
Embedded Adult Vision ***	\$1.41	\$1.16	\$1.10
<b>TOTAL:</b>	<b>\$2.90</b>	<b>\$2.32</b>	<b>\$2.17</b>

\*The total Capitation for Wellness is \$0.26, but only applies to members age 18+.

\*\*Only applies to members age 19 and under.

\*\*\*Ind64- only and only applies to members over the age of 19.

**BlueChoice, Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**D.C. Individual Exchange Products**  
**Rates Effective 1/1/2016**  
**Non-Grandfathered Experience for Pre-ACA Plans**

**Existing Products Included in Experience Period**

<b>HIOS Product ID</b>	<b>HIOS Product Name</b>	<b>Contracts, as of 12/31/2014</b>	<b>Member Months</b>	<b>Total Premium</b>	<b>Total Allowed Claims</b>	<b>Incurred Claims*</b>
86052DC002	BlueChoice HMO Saver	0	135	\$ 24,331	\$ 10,174	\$ 8,103
86052DC004	BlueChoice HMO Open Enrollment	1	7,804	\$ 2,476,380	\$ 5,687,166	\$ 5,241,528
86052DC005	BlueChoice HMO HIPAA	0	130	\$ 84,316	\$ 76,328	\$ 67,131
86052DC006	HealthyBlue Triple Option	0	545	\$ 128,534	\$ 94,125	\$ 70,725
86052DC007	HealthyBlue Dual Option HSA	0	20	\$ 3,386	\$ 432	\$ -
86052DC020	BlueChoice HMO Standard	0	306	\$ 89,134	\$ 39,114	\$ 32,836
86052DC021	BlueChoice HMO HSA	1	330	\$ 44,131	\$ 278,880	\$ 257,794
86052DC022	HealthyBlue 2.0	0	7,935	\$ 1,488,000	\$ 1,470,818	\$ 1,142,834
86052DC029	BlueChoice Group Conversion	0	18	\$ 6,866	\$ 162	\$ 122
86052DC034	HealthyBlue Advantage HSA	0	1,800	\$ 239,640	\$ 200,382	\$ 107,294
<b>Total</b>		<b>2</b>	<b>19,023</b>	<b>\$ 4,584,718</b>	<b>\$ 7,857,580</b>	<b>\$ 6,928,366</b>

\*These amounts do not include pharmacy rebates or capitations

**BlueChoice, Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**D.C. Individual Exchange Products**  
**Rates Effective 1/1/2016**  
**Non-Grandfathered Experience for ACA Plans**

**Existing Products Included in Experience Period**

2015 HIOS Plan ID	2015 HIOS Plan Name	2016 HIOS Plan ID*	2016 HIOS Plan Name	On/Off Exchange	Contrarcts, as of 12/31/2014	Member Months	Total Premium	Total Allowed Claims **	Incurred Claims**
86052DC0400004	BlueChoice Young Adult \$6,600	86052DC0400004	BlueChoice HMO Young Adult \$6,850	On	356	3,068	\$ 216,181	\$ 126,576	\$ 51,858
86052DC0410002	BlueChoice HSA Bronze \$6,000	86052DC0400005	BlueChoice HMO HSA Bronze \$6,000	On	694	6,644	\$ 1,232,562	\$ 862,968	\$ 486,889
86052DC0410001	BlueChoice HSA Bronze \$4,000				830	7,739	\$ 1,516,979	\$ 974,762	\$ 460,754
86052DC0410003	BlueChoice HSA Silver \$1,300 Base	86052DC0400006	BlueChoice HMO HSA Silver \$1,350 Base	On	781	6,148	\$ 1,621,511	\$ 1,809,938	\$ 1,300,993
86052DC0410003	BlueChoice HSA Silver \$1,300 94%	86052DC0400006	BlueChoice HMO HSA Silver \$1,350 94%	On	30	242	\$ 71,941	\$ 162,989	\$ 126,252
86052DC0410003	BlueChoice HSA Silver \$1,300 87%	86052DC0400006	BlueChoice HMO HSA Silver \$1,350 87%	On	31	289	\$ 80,531	\$ 20,354	\$ 8,478
86052DC0410003	BlueChoice HSA Silver \$1,300 73%	86052DC0400006	BlueChoice HMO HSA Silver \$1,350 73%	On	67	901	\$ 295,183	\$ 173,710	\$ 89,282
86052DC0420001	BlueChoice Plus Bronze \$5,500	86052DC0400007	BlueChoice HMO Standard Bronze \$4,500	On	324	2,493	\$ 547,510	\$ 324,716	\$ 162,427
86052DC0400002	BlueChoice Gold \$0	86052DC0400002	BlueChoice HMO Standard Gold \$500	On	519	3,298	\$ 1,065,988	\$ 1,226,927	\$ 932,733
86052DC0400001	BlueChoice Silver \$2,000 Base	86052DC0400001	BlueChoice HMO Standard Silver \$2000 Base	On	306	2,719	\$ 676,973	\$ 322,825	\$ 159,028
86052DC0420002	BlueChoice Plus Silver \$2,500 Base				254	1,790	\$ 540,489	\$ 414,076	\$ 252,147
86052DC0400001	BlueChoice Silver \$2,000 94%	86052DC0400001	BlueChoice HMO Standard Silver \$2000 94%	On	15	115	\$ 32,229	\$ 8,839	\$ 3,072
86052DC0420002	BlueChoice Plus Silver \$2,500 94%				4	25	\$ 8,056	\$ 2,807	\$ 324
86052DC0400001	BlueChoice Silver \$2,000 87%	86052DC0400001	BlueChoice HMO Standard Silver \$2000 87%	On	65	65	\$ 18,896	\$ 10,964	\$ 3,419
86052DC0420002	BlueChoice Plus Silver \$2,500 87%				3	35	\$ 11,648	\$ 7,792	\$ 1,771
86052DC0400001	BlueChoice Silver \$2,000 73%	86052DC0400001	BlueChoice HMO Standard Silver \$2000 73%	On	18	263	\$ 84,611	\$ 93,557	\$ 63,471
86052DC0420002	BlueChoice Plus Silver \$2,500 73%				10	128	\$ 47,821	\$ 31,514	\$ 20,741
86052DC0400003	BlueChoice Gold \$1,000	86052DC0400003	HealthyBlue HMO Gold \$1,000	On	479	5,548	\$ 1,623,720	\$ 1,649,396	\$ 1,221,447
86052DC0430001	HealthyBlue Gold \$1,500				465	3,523	\$ 1,158,464	\$ 1,484,325	\$ 1,243,730
86052DC0430002	HealthyBlue Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	1,242	12,451	\$ 4,634,203	\$ 8,083,121	\$ 7,196,928
New	New	86052DC0400009	BlueChoice HMO Bronze \$6,850	On	-	-	\$ -	\$ -	\$ -
<b>Total</b>					<b>6,432</b>	<b>57,484</b>	<b>\$ 15,485,497</b>	<b>\$ 17,792,154</b>	<b>\$ 13,785,744</b>

\*Experience for mapped plans will be listed in the URRT under this HIOS Plan ID

\*\*These amounts do not include pharmacy rebates or capitations

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	
1	Unified Rate Review v2.0.4																									
2																										
3	Company Legal Name:		BlueChoice, Inc.					State:		DC																
4	HIOS Issuer ID:		86052					Market:		Individual																
5	Effective Date of Rate Change(s):		1/1/2016																							
6																										
7																										
8	Market Level Calculations (Same for all Plans)																									
9																										
10																										
11	Section I: Experience period data																									
12	Experience Period:		1/1/2014		to		12/31/2014																			
13			Experience Period		Aggregate Amount		PMPM		% of Prem																	
14	Premiums (net of MLR Rebate) in Experience Period:		\$ 182,666,488.28		\$342.96		100.00%																			
15	Incurred Claims in Experience Period		\$ 138,038,404.45		259.17		75.57%																			
16	Allowed Claims:		\$ 154,106,007.59		289.34		84.36%																			
17	Index Rate of Experience Period				\$ 298.60																					
18	Experience Period Member Months		532,612																							
19																										
20	Section II: Allowed Claims, PMPM basis																									
21																										
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Product-Plan Data Collection

Company Legal Name:

BlueChoice, Inc.

HIOS Issuer ID:

86052

Effective Date of Rate Change(s):

1/1/2016

State:

DC

Market:

Individual

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	BlueChoice 86052DC0400										Terminated Products 86052DC006
Product ID:											
Metal	Catastrophic	Bronze	Gold	Gold	Silver	Bronze	Silver	Bronze	Platinum	Catastrophic	
AV Metal Value	0.616	0.590	0.802	0.781	0.704	0.618	0.705	0.614	0.905	0.000	
AV Pricing Value	0.354	0.470	1.103	1.064	0.858	0.461	0.714	0.641	1.339	0.863	
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	
Plan Name	BlueChoice HMO Young Adult \$6,850	BlueChoice HMO Bronze \$6,850	BlueChoice HMO Standard Gold \$500	HealthyBlue HMO Gold \$1,000	BlueChoice HMO Standard Silver \$2,000	BlueChoice HMO HSA Silver \$6,000	BlueChoice HMO HSA Silver \$1,350	BlueChoice HMO Standard Bronze \$4,500	BlueChoice HMO Standard Platinum \$0	2015 Experience	
Plan ID (Standard Component ID):	86052DC0400004	86052DC0400009	86052DC0400002	86052DC0400003	86052DC0400001	86052DC0400005	86052DC0400006	86052DC0400007	86052DC0400008	86052DC0400000	
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Historical Rate Increase - Calendar Year - 2	0.00%										7.12%
Historical Rate Increase - Calendar Year - 1	0.00%										1.42%
Historical Rate Increase - Calendar Year 0	0.00%										0.00%
Effective Date of Proposed Rates	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	
Rate Change % (over prior filing)	11.55%	-13.35%	18.89%	11.50%	11.75%	-12.67%	2.14%	0.93%	-10.62%	0.00%	
Cum'lve Rate Change % (over 12 mos prior)	11.55%	-13.35%	18.89%	11.50%	11.75%	-12.67%	2.14%	0.93%	-10.62%	0.00%	
Proj'd Per Rate Change % (over Expir. Period)	92.88%	#DIV/0!	31.08%	33.22%	19.18%	-7.46%	0.39%	12.12%	38.18%	-100.00%	
Product Threshold Rate Increase %	6.49%										#DIV/0!

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	86052DC0400004	86052DC0400009	86052DC0400002	86052DC0400003	86052DC0400001	86052DC0400005	86052DC0400006	86052DC0400007	86052DC0400008	86052DC0400000
Input/Output	\$2.75	\$0.64	\$7.63	\$1.43	\$1.95	\$1.47	\$7.25	\$4.59	\$4.55	\$2.98	\$0.00
Outpatient	\$4.53	\$3.29	-\$1.75	\$13.34	\$9.87	\$8.04	-\$1.51	\$3.65	\$2.90	\$11.94	\$0.00
Professional	\$5.90	\$4.75	-\$5.24	\$20.63	\$14.23	\$11.63	-\$4.75	\$3.95	\$2.83	\$17.00	\$0.00
Prescription Drug	\$2.50	\$2.54	-\$5.63	\$12.47	\$7.62	\$6.27	-\$5.22	\$0.74	\$0.11	\$8.88	\$0.00
Other	\$0.77	\$0.61	\$0.03	\$2.51	\$1.82	\$1.49	-\$0.55	\$0.33	\$0.39	\$2.18	\$0.00
Capitalization	\$0.13	\$0.09	-\$0.06	\$0.38	\$0.28	\$0.23	-\$0.05	\$0.10	\$0.08	\$0.34	\$0.00
Administration	\$2.63	\$2.64	-\$5.74	\$12.90	\$7.91	\$6.51	-\$5.31	\$0.82	\$0.17	\$9.23	\$0.00
Taxes & Fees	\$6.41	\$3.59	\$4.33	\$11.42	\$10.80	\$8.71	\$4.26	\$7.03	\$6.29	\$13.55	\$0.00
Risk & Profit Charge	\$3.20	\$1.77	\$2.86	\$5.31	\$4.28	\$1.30	\$3.86	\$1.20	\$6.89	\$0.00	\$0.00
Total Rate Increase	\$23.33	\$18.64	-\$19.99	\$80.66	\$55.89	\$45.69	-\$18.08	\$15.79	\$11.42	\$66.82	\$0.00
Member Cost Share Increase	\$10.80	\$18.00	\$19.05	\$11.01	\$12.51	\$18.04	\$19.40	\$15.83	\$19.80	\$6.44	\$0.00

Average Current Rate PMPM	\$297.86	\$117.27	\$200.48	\$343.02	\$352.71	\$283.74	\$194.98	\$258.26	\$234.82	\$447.47	\$0.00
Projected Member Months	84,666	3,966	10,741	6,604	12,939	7,740	9,273	11,856	4,405	17,141	0

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	86052DC0400004	86052DC0400009	86052DC0400002	86052DC0400003	86052DC0400001	86052DC0400005	86052DC0400006	86052DC0400007	86052DC0400008	86052DC0400000
Plan Adjusted Index Rate	\$262.33	\$70.46	\$0.00	\$283.22	\$306.79	\$276.41	\$393.17	\$272.98	\$219.62	\$392.30	\$248.01
Member Months	76,507	3,068	0	3,298	9,071	5,140	14,383	7,580	2,493	12,451	19,023
Total Premium (TP)	\$20,070,215	\$216,181	\$0	\$1,065,988	\$2,782,185	\$1,420,723	\$2,749,541	\$2,069,166	\$547,510	\$4,634,203	\$4,584,718
EHB Percent of TP (see instructions)	99.48%	99.48%	99.48%	99.48%	99.48%	99.48%	99.48%	99.48%	99.48%	99.48%	99.48%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.52%	0.52%	0.52%	0.52%	0.52%	0.52%	0.52%	0.52%	0.52%	0.52%	0.52%
Total Allowed Claims (TAC)	\$26,065,262	\$128,468.95	\$0.00	\$1,249,771.21	\$3,196,551.37	\$2,759,132.76	\$4,446,627.58	\$1,942,858.35	\$1,050,582.65	\$10,285,689.70	\$7,897,579.72
EHB Percent of TAC (see instructions)	99.48%	99.48%	99.48%	99.48%	99.48%	99.48%	99.48%	99.48%	99.48%	99.48%	99.48%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.52%	0.52%	0.52%	0.52%	0.52%	0.52%	0.52%	0.52%	0.52%	0.52%	0.52%
Allowed Claims which are not the issuer's obligation	-\$10,336,366	\$76,611.02	\$0.00	\$317,038.70	\$731,374.17	\$255,159.90	-\$403,015.06	\$445,494.42	-\$61,844.79	\$3,088,761.86	-\$14,785,946.11
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$67,657	\$0.00	\$0.00	\$0.00	\$0.00	\$21,832.17	\$0.00	\$45,824.82	\$0.00	\$0.00	\$0.00
Portion of above payable by HHS on behalf of insured person, as %	-0.65%	0.00%	#DIV/0!	0.00%	0.00%	8.56%	0.00%	10.29%	0.00%	0.00%	\$248.01
Total Incurred claims, payable with issuer funds	\$36,401,628	\$155,858	\$0	\$932,733	\$2,465,177	\$503,973	\$947,643	\$1,497,364	\$162,427	\$7,196,928	\$22,643,526
Net Amt of Retn	\$1,214,586.10	-\$16,107.00	\$0.00	\$57,877.46	\$159,189.33	\$88,862.55	\$113,342.33	\$131,046.33	\$19,645.58	\$660,729.52	\$0.00
Net Amt of Risk Adj	-\$1,073,206.75	\$1,893.20	\$0.00	-\$52,348.13	-\$143,981.18	-\$249,088.29	-\$1,481,954.85	-\$367,312.54	-\$256,866.68	\$1,476,471.72	\$0.00

Incurred Claims - PMPM	\$475.29	\$16.90	#DIV/0!	\$282.82	\$271.76	\$98.05	\$65.89	\$197.14	\$65.15	\$578.02	\$1,190.32
Allowed Claims PMPM	\$140.69	\$41.82	#DIV/0!	\$176.91	\$192.92	\$147.69	\$197.87	\$216.31	\$40.35	\$936.09	\$411.04
EHB portion of Allowed Claims, PMPM	\$38.91	\$41.65	#DIV/0!	\$376.97	\$350.55	\$146.92	\$37.67	\$254.97	\$40.14	\$821.78	\$410.90

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	86052DC0400004	86052DC0400009	86052DC0400002	86052DC0400003	86052DC0400001	86052DC0400005	86052DC0400006	86052DC0400007	86052DC0400008	86052DC0400000
Plan Adjusted Index Rate	\$329.56	\$136.91	\$180.49	\$423.68	\$408.60	\$329.43	\$176.90	\$274.05	\$246.24	\$514.28	\$0.00
Member Months	84,666	3,966	10,741	6,604	12,939	7,740	9,273	11,856	4,405	17,141	0
Total Premium (TP)	\$27,902,217	\$539,019	\$1,938,643	\$2,797,983	\$5,286,875	\$2,549,788	\$1,640,394	\$3,249,137	\$1,084,933	\$8,815,445	\$0
EHB Percent of TP (see instructions)	99.23%	98.51%	98.81%	99.34%	99.32%	99.23%	98.80%	99.13%	99.06%	99.41%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.77%	1.49%	1.19%	0.66%	0.68%	0.77%	1.20%	0.87%	0.94%	0.59%	0.00%
Total Allowed Claims (TAC)	\$31,844,653	\$1,500,858.14	\$4,052,629.82	\$2,478,705.48	\$4,857,117.59	\$2,908,387.25	\$3,459,376.88	\$4,459,608.29	\$1,658,382.51	\$6,429,427.22	\$0.00
EHB Percent of TAC (see instructions)	99.13%	98.51%	98.81%	99.34%	99.32%	99.23%	98.80%	99.13%	99.06%	99.41%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.87%	1.49%	1.19%	0.66%	0.68%	0.77%	1.20%	0.87%	0.94%	0.59%	0.00%
Allowed Claims which are not the issuer's obligation	\$11,767,096	\$958,088.31	\$2,668,606.52	\$481,265.19	\$1,082,992.79	\$1,088,080.14	\$2,328,260.11	\$2,139,945.83	\$883,840.27	\$136,016.64	\$0.00
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$10,992	\$0.00	\$0.00	\$0.00	\$0.00	\$3,705.05	\$0.00	\$7,286.79	\$0.00	\$0.00	\$0.00
Portion of above payable by HHS on behalf of insured person, as %	0.09%	0.00%	0.00%	0.00%	0.00%	0.34%	0.00%	0.34%	0.00%	0.00%	\$248.01
Total Incurred claims, payable with issuer funds	\$20,077,557	\$542,770	\$1,384,023	\$1,997,500	\$3,774,325	\$1,820,307	\$1,171,117	\$2,319,562	\$774,542	\$6,293,411	\$0

Net Amt of Rein	\$644,826	\$17,432.00	\$44,450.34	\$64,153.22	\$121,219.06	\$58,462.35	\$37,612.47	\$74,496.81	\$24,875.78	\$202,123.91	\$0.00
Net Amt of Risk Adj	-\$1,230,335	-\$33,260.45	-\$84,811.71	-\$122,409.03	-\$231,287.24	-\$111,546.79	-\$73,764.99	-\$142,140.71	-\$47,463.25	-\$385,654.55	\$0.00

## Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

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Name of Company

SERFF tracking number

Submission Date

Product Name

Market Type	Individual	Small Group
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Rate Filing Type	Rate Increase	New Filing
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### Scope and Range of the Increase:

The        % increase is requested because:

This filing will impact:

# of policyholder's

# of covered lives

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved        %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved        %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved        %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

### Financial Experience of Product

The overall financial experience of the product includes:



The rate increase will affect the projected financial experience of the product by:

### Components of Increase

The request is made up of the following components:

*Trend Increases* –            % of the            % total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is            % of the            % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is            % of the            % total filed increase.

*Other Increases* –            % of the            % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is            % of the            % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is            % of the            % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is            % of the            % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is            % of the            % total filed increase.

5. Other – Defined as:

This component is            % of the            % total filed increase.